

School Year 2026-27 Foresthill Union School District Application for Free and Reduced-Price Meals Complete one application per household.Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at <https://www.fusd.org/Departments/Child-Nutrition-Services/index.html>. This institution is an equal opportunity provider.**California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.****STEP 1 – STUDENT INFORMATION**Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals and free participation in the district's Expanded Learning Opportunities Program.

Print the name of EACH STUDENT (First, Middle Initial, Last)	School Name	Grade	Student's Birthdate	Check the applicable box			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR ☐ YES ☐ NOANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: ☐ CalFresh ☐ CalWORKs ☐ FDIPIR	Enter Case Number:
---	---	--------------------

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

How often

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	\$,	
---	--	--

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often
	\$,		\$,		\$,	
	\$,		\$,		\$,	
	\$,		\$,		\$,	
	\$,		\$,		\$,	
C. Total Household Members (adults and children)	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner and/or Any Other Adult Household Member					
	check box if no SSN ☐					

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of Adult Household Member

DO NOT COMPLETE. SCHOOL USE ONLY

Total Household Income

How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly	\$,
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	
Total Household Size	Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied)
	☐ Categorical
Verified as: ☐ Homeless ☐ Migrant ☐ Runaway	☐ Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Native Hawaiian/other Pacific Islander
☐ Asian ☐ Black or African American ☐ White