

\*\*\*\*\*USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES\*\*\*\*\*

(Complete ONE Application per Household)

**SECTION A. CHILDREN INFORMATION** All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.  
**Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander**

| LAST NAME, FIRST NAME | SCHOOL<br>(Write "NONE" if not in school) | GRADE | Date of Birth<br>(Optional) | Racial and Ethnic Identities: (Optional) |                    | MARK "X" If Foster Child | Mark "X" if No Income    | Child's Personal Earned Income | Source of Income (Work)? | Paid How Often? (Circle) | ENTER Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR | ENTER Benefit Case Number |
|-----------------------|---|-------|-----------------------------|--|--------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--|---------------------------|
|                       |   |       |                             | Circle One Ethnic Identity               | Circle one or more |                          |                          |                                |                          |                          |  |                           |
| ①                     |   |       |                             | N OR H                                   | A W B I P          | <input type="checkbox"/> | <input type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ②                     |   |       |                             | N OR H                                   | A W B I P          | <input type="checkbox"/> | <input type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ③                     |   |       |                             | N OR H                                   | A W B I P          | <input type="checkbox"/> | <input type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ④                     |   |       |                             | N OR H                                   | A W B I P          | <input type="checkbox"/> | <input type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ⑤                     |   |       |                             | N OR H                                   | A W B I P          | <input type="checkbox"/> | <input type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R  
 Households submitting an application with a Benefit Case Number for CalFresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete.  
 A Foster Child is under the legal responsibility of a foster care agency or court.

**SECTION B. ALL OTHER HOUSEHOLD MEMBERS:** Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank. Choose one or more

| Adult's Full Name<br>(Do not repeat names from Section A) | MARK "X" if No Income    | Gross Earnings from Work Before Deductions, Include All jobs | Paid How Often? | Indicate Pay from Pensions, Retirement, Social Security, VA benefits | Income Source? | Paid How Often? | Welfare Benefits, Child Support, Alimony Payments | Income Source? | Paid How Often? | Any Other Income, Including Temporary Income | Income Source? | Paid How Often? | Enter Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR | Enter Benefit |
|---|--------------------------|--|-----------------|--|----------------|-----------------|---|----------------|-----------------|--|----------------|-----------------|--|---------------|
| Richard, Larath   | <input type="checkbox"/> | \$ 199.98  | W               | \$ 141.65  | Pension        | Y               | \$ 99.99  | Child Support  | M               | \$ 550.00                                    | Rental Income  | M               |  |               |
| ①   | <input type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ②   | <input type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ③   | <input type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ④   | <input type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ⑤   | <input type="checkbox"/> | \$ \$  |                 | \$ \$  |                |                 | \$ \$   |                |                 | \$   | \$             |                 |  |               |

**SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:** This form may be submitted at any time during a school day.

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form \_\_\_\_\_ Signature of adult household member completing this form \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_

Street Address, Apt #, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 CA DO NOT Write Below This Line-For School Use Only:

Application Status: \_\_\_\_\_ HSLD Size: \_\_\_\_\_ HSLD Annual Income: \$ \_\_\_\_\_ Determining Official's Signature & Date \_\_\_\_\_ Categorically: C  
 Approved based on:  
 Income  
 Denied based on:  
 Income Too High  
 Incomplete

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Determining Official's Signature & Date