

NO, we DO NOT want to apply for meal benefits. (check box)

**USE BLACK INK ONLY. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.**

APPLY ONLINE NOW @ [www.applyforlunch.com/Home/PickDistrict](http://www.applyforlunch.com/Home/PickDistrict)

**STEP 1 LIST STUDENTS ATTENDING LAUSD SCHOOLS & EARLY EDUCATION CENTERS ONLY**

If more spaces are required for additional names, please attach additional sheet(s).

If any household member receives assistance from CalWORKS/ CalFresh, TANF, KIN-GAP, or FDIPIR Write the CASE # below

Birthdate (Optional) See reverse side		MI	Last Name	Foster Child	Migrant, Runaway, Homeless	Sometimes children in the household earn income. Please include the TOTAL income earned by all Students listed in STEP 1 Here If no income enter "0"	Write the CASE # in the space provided below. DO NOT LIST EBT CARD #													
M	M						D	D	Y	Y	Yes	No								
1																				
2																				
3																				
4																				
5																				
6																				

How often?  
 Weekly  Bi-Weekly  2x Month  Monthly

HOMELESS Students Contact the Homeless office at 213-202-7581

**STEP 2 ALL OTHER HOUSEHOLD MEMBERS** List all Household Members not included in STEP 1 (including yourself and infants) even if they do not receive income. If income is received for any person listed, report the total amount for each source in whole dollars only. For members with no income from any source either leave the field blank or place a "0" under the appropriate column. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Print Names of other household members			Earnings from Work				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income									
First Name	MI	Last Name	How often?				How often?				How often?									
			Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly						
			\$																	
			\$																	
			\$																	
			\$																	
			\$																	

Total Household Members (Children and Adults)

Last 4 digits of Social Security number of adult signing the application     OR I DO NOT have a Social Security Number (check box)

**Children's Race and Ethnicity Identities (optional)**

Mark one or more racial identities:

- American Indian or Alaskan Native
- Black or African - American
- Native Hawaiian or Pacific Islander
- Asian
- White

Mark one ethnic identity:

- Of Hispanic or Latino Origin
- Not of Hispanic or Latino Origin

**FOR OFFICE USE ONLY**

DATE REC'D.

HS   H INC

F  R  NE

REVIEWER  DATE

**STEP 3** I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information. Any deliberate misrepresentation of the information may lead to children losing benefits and may subject me to prosecution under applicable State Federal laws.

Signature of adult household member listed above

Printed name of adult signing this application

Today's Date

Form # 53211-07-2008

Address (if available) \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_, CA \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_