

# How to Complete the Meal Application

**\*\*\*\*\*Make sure the application is for the correct School Year\*\*\*\*\***

~ Use BLACK or BLUE ink ~ One (1) application per household

~ Must be original application – photocopies are unacceptable

## **PART 1 FOSTER CHILD**

- If Foster Child, a separate application for **EACH** child must be completed.
- Put an X in the box provided.
- Write the child's personal-use income OR Zero (0)
- Complete PART 3.
- Skip to PART 9 – sign and date.

## **PART 2 HOMELESS, MIGRANT, RUNAWAY**

- If child is homeless, migrant or runaway, place an X in the appropriate box. H=Homeless, M=Migrant, R=Runaway.
- Continue with all PARTS of application.

## **PART 3 STUDENT INFORMATION**

- Enter student's information
  - Birth Date
  - Last Name
  - First Name
  - Grade
  - School Name

**\*\*\*\*\*List ONLY students attending Fontana Unified School District. All other children must be listed in PART 5\*\*\*\*\***

## **PART 4 FOOD STAMP, CALWORKS, KIN-GAP, FDPIR BENEFITS**

- If student is receiving Food Stamps, CalWorks, Kin-GAP or FDPIR, enter the case number for each child.

## **PART 5 ALL OTHER HOUSEHOLD MEMBERS**

- Enter Last Name, First Name of **ALL** household members.
- **DO NOT** include members listed in PART 3.
- Also list members not in school or those attending school in another district, private school, or in college.
- **DO NOT** include Foster Children.
- If no income put an X in the box.
- Enter current monthly income for each household member, **BEFORE** taxes.
- The person completing who signs the application **MUST** be listed as a household member

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## **PART 6 TOTAL HOUSEHOLD MEMBERS**

- Enter the number of household members.
- This number should equal the number of members from PART 3 AND PART 5.

## **PART 7 TELEPHONE NUMBER**

- Ensure address section is complete
- Please ensure you enter telephone number as we may need to contact you with questions.

## **PART 8 SOCIAL SECURITY NUMBER**

- Write the SSN for the person completing the application.
- If no SSN, put an X in the box to indicate “I do not have a SSN”.

## **PART 9 SIGNATURE**

- Signature of the adult completing the application.
- Signer must be included in PART 5.
- Print Name.
- Date the application.