

Alpha: Jose Hernandez

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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:
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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										Total Student Income				How Often
										\$				
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 the 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 (Children and Adults)														

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT from another state or Indian Tribal Organization. I understand this information is given in connection with the receipt of federal and state benefits and that school officials may verify the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

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 Income \$				
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:	

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your State or ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#)  (PDF), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop 9410
Washington, D.C. 20250-9410;
2. fax:
202-690-7442; or
3. email:
Program.Intake@usda.gov. | This institution is an equal opportunity provider.