



# FRL QUICK CHECK

**CHILDREN** - are all children living in household listed? STEP 1

**FAMILIES MUST FILL OUT STEP 2 OR STEP 3 ON THE APPLICATION**

**CASE NUMBER** - if an assistance program is checked in STEP 2, is a case number listed?

or

**INCOME** - Are the income amounts in STEP 3 listed clearly and do they indicate **HOW OFTEN** they receive the income?

**TOTAL** - Does the number of household members listed in STEP 3 match the number of family members on the application?

**SOCIAL** - Is there a Social Security number in STEP 3? If not, is the NO SSN box checked?

**SIGNATURE** - Is the application signed and dated by the head of household in STEP 4?

## STEP 1 – STUDENT INFORMATION

**ALL CHILDREN IN HOUSEHOLD INCLUDED whether they attend your school or not**

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Attach another sheet of paper for additional names.

| Enter the name of EACH STUDENT who will attend school<br>(First, Middle Initial, Last)<br>EXAMPLE: Joseph P Adams | Enter school name and grade level |     | Enter student's birth date | Check the applicable box if the student is foster, homeless, migrant, or runaway. |                          |                          |                          |
|---|-----------------------------------|-----|----------------------------|---|--------------------------|--------------------------|--------------------------|
|   |                                   |     |                            | Foster Child  | Homeless                 | Migrant                  | Runaway                  |
|   | Lincoln Elementary                | 1st | 12-15-2010                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

**IF A PROGRAM TYPE IS SELECTED ( ,  ) THERE MUST BE A CASE NUMBER**

|   |   |                    |
|---|---|--------------------|
| If YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4. | Select Program Type:<br><input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR | Enter Case Number: |
|---|---|--------------------|

## STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

**ANY TIME INCOME IS LISTED, IT SHOULD INDICATE "HOW OFTEN"**

| Enter the name of ALL OTHER Household Members<br>(First and Last) | Earnings from Work | How Often | Public Assistance/SSI/<br>Child Support/Alimony | How Often | Pensions/Retirement/<br>All Other Income | How Often |
|---|--------------------|-----------|---|-----------|--|-----------|
|   |                    |           |   |           |  |           |
|   |                    |           |   |           |  |           |

**THIS NUMBER SHOULD EQUAL ALL PEOPLE LISTED ON THE APP (STEP 1 + STEP 3)**

|  |                      |                      |
|--|----------------------|----------------------|
| Total Household Members<br>(Children and Adults) | <input type="text"/> | <input type="text"/> |
|--|----------------------|----------------------|

**ONE OR THE OTHER MUST BE DONE**

|   |  |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|
| Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member | <input type="text"/>                             | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|   | OR   |                      |                      |                      |
|   | Check the box if NO SSN <input type="checkbox"/> |                      |                      |                      |

## STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

**ALL APPLICATIONS MUST HAVE ADULT SIGNATURE AND DATE**

|  |
|--|
| Signature of adult completing this form: |
|  |