



California FRL Quick Check

Step 1: Student information

(Student Names should NOT be listed again in Step 3)

(For Foster, Homeless, Migrant students, you **must** obtain backup documentation)

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

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

Step 2: Assistance Programs

If a case number is present (alpha-numeric case numbers), ignore information in Step 3

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

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

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:

Step 3: Household Members & Income

A. Does Student Income match household income? If so, confirm with family that student income should be **crossed out**.

B. Is each income amount listed clear? Does each income amount listed have an income frequency of weekly, bi-weekly, twice a month, monthly, or yearly? If not, contact the family and confirm income amount and frequency.

C. Does the number of names on the application match the total number of household members listed? If not, contact the family to confirm the total number of household members.

D. Are the last 4 digits of the signer's social security number listed, OR is the box that says "no SSN" checked? If not, contact the family to confirm.

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

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

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	Total Student Income	How Often
							\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

C. Total Household Members (Children and Adults) Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult household Member Check the box NO SSN

Step 4: Signature & Date

Is there a signature on the signature line?

Does the name of the person match one of the names listed in STEP 3 (if an Income App)?

Is there a current date in the Date box?

Should NOT be anyone's date of birth.

The date MUST fall after July 1 the current school year.

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:

Date: Phone Number:

City: State: Zip:

E-mail: