

It's More Than a Meal Application

Our meal application affects many areas.

SCCS asks that families complete our meal application to ensure continued funding to support

ALL students in our district.

Apply online at SurfCityCafes.com or

pick up an application at your child's school, or call us at 831-429-3850.



School Funding

Increased funding to ensure students receive the support they need to receive a comprehensible, world class education



College App Fees

Discount on fees associated with applying for college



Computer Access

Discounted internet access and wireless services for home



Computer Network

SCCS can receive more funding for internet access, wireless and network services

School Year 2020-2021 Santa Cruz City Schools Application for Free and Reduced-Price Meals Complete one application per household. Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at SurfCityCafes.com. This instruction is an equal opportunity provider. California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate dining areas, or by any other means."

STEP 1 – STUDENT INFORMATION
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 (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary 1st	Enter student's birth date 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
			Foster Child	Homeless	Migrant	Runaway
			<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: CalFresh, CalWORKs, or FDIPIR
Do ANY household members (including yourself) currently participate in one of the following assistance programs?
If NO, skip STEP 2 and complete STEP 3.
If YES, do not complete STEP 3. Check the applicable program. Select Program Type: CalFresh CalWORKs FDIPIR Enter Case Number: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered "Yes" to STEP 2)
A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter 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 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 if NO SSN

DO NOT COMPLETE, SCHOOL USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12
How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

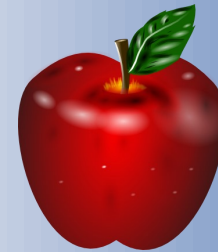
Total Household Size: Eligibility Status: Free Reduced-price Paid (Denied) Categorical
Verified as: Homeless Migrant Runaway Error Prone

Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Verifying Official's Signature: _____ Date: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):
 Hispanic or Latino Not Hispanic or Latino

Race (check one or more):
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White



School Meals

Free or reduced price on delicious and nutritious meals



SAT, ACT, AP Fees

Discount fees for academic tests

Es más que una aplicación de comida

Nuestra aplicación de comidas afecta a muchas áreas.

SCCS pide que las familias completen nuestra solicitud de comidas para garantizar la financiación continua para apoyar **TODOS** los estudiantes de nuestro distrito.

Solicite en línea en SurfCityCafes.com o

Recoja una solicitud en la escuela de su hijo o llámenos al 831-429-3850.



Financiamiento escolar

Mayor financiamiento para garantizar que los estudiantes reciban el apoyo que necesitan para recibir una educación comprensible de clase mundial.



Tarifas de la aplicación universitaria

Descuento en las tarifas asociadas con la solicitud de ingreso a la universidad



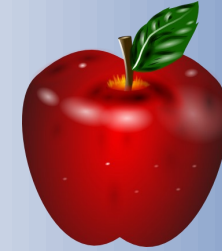
Acceso a la computadora

Acceso a internet y servicios inalámbricos con descuento para el hogar



Red de computadoras

SCCS puede recibir más fondos para acceso a Internet, servicios inalámbricos y de red.



Comidas del colegio

Precio reducido o gratis en comidas deliciosas y nutritivas



Tarifas de SAT, ACT, AP

Tarifas de descuento para

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STEP 1 – STUDENT INFORMATION
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Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level	Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P. Adams	Lincoln Elementary 1st	12-15-2010	Foster Child	Homeless	Migrant	Runaway
			<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: CalFresh, CalWORKs, or FDIPIR
Do ANY household members (including yourself) currently participate in one of the following assistance programs?
If NO, skip STEP 2 and complete STEP 3.
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: CalFresh CalWORKs FDIPIR Enter Case Number: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered "yes" to STEP 2)

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Student Name	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 income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions.
Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

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

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 if NO SSN

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Total Household Size _____ Eligibility Status: Free Reduced-price Paid (Denied) Categorical

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