

## 2018 – 2019 YCSC RETURNING ENROLLMENT APPLICATION

**SITE**  **START DATE**

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_  
First Middle Last Suffix

Physical Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Is student's physical address **permanent - stable** housing? **Yes** \_\_\_\_\_ **if not**, please check one of the following that best describes your situation:

\_\_\_\_\_ Yes, I am in foster care or have been in foster care  Development Center

\_\_\_\_\_ Yes, I have been in a juvenile justice facility.  **Foster Family Home or Kinship Placement**

\_\_\_\_\_ Yes, I have been incarcerated.  Health Institution

**Hotels/Motels**

State Hospital

**Licensed Children's Institution**

Temporarily Unsheltered

**Temporarily Doubled Up**

Temporary Sheltered

Unknown

**Note:** If you are homeless, you are eligible for AB1806.

Student's Mailing Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

**PARENTAL/GUARDIAN CONTACT INFORMATION: Is the parent/guardian on Active Duty Military?**  **Yes**  **No**

**If yes, which branch?** \_\_\_\_\_

1 \_\_\_\_\_  
Parent/Guardian #1 Relationship Home/Cell Phone Lives with student? Yes / No

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Is the parent/guardian on Active Duty Military?**  **Yes**  **No** **If yes, which branch?** \_\_\_\_\_

2 \_\_\_\_\_  
Parent/Guardian #2 Relationship Home/Cell Phone Lives with student? Yes / No

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Number: \_\_\_\_\_

## Emergency Information 2018-19

Student Name: \_\_\_\_\_  
Last First Middle Date of Birth

Mailing Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Physical Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

1 \_\_\_\_\_  
Parent/Guardian #1 (and relationship—for example: mother, grandfather, etc.) Home/Cell Phone Work Phone

2 \_\_\_\_\_  
Parent/Guardian #2 (and relationship—for example: father, foster parent, etc.) Home/Cell Phone Work Phone

\*Is there a custody issue regarding this student?  Yes  No

\*Legal restrictions for any parent are as follows: \_\_\_\_\_ Court Order on file at school:  Yes  No

Please list two (2) neighbors/friends or nearby relatives who will assume temporary care of your child if you cannot be reached:

1 \_\_\_\_\_  
Relative/Friend (and relationship—for example: aunt, neighbor, etc.) Home/Cell Phone Work Phone

2 \_\_\_\_\_  
Relative/Friend (and relationship—for example: aunt, neighbor, etc.) Home/Cell Phone Work Phone

**HEALTH INFORMATION:**

Please list all prescription medications taken by student at home. \_\_\_\_\_

Please check any of the following that apply to your student:

VISION:  Known eye condition/defect in vision  Wears Glasses  Wears Contact Lenses  Glasses to be worn at all times

HEARING:  Known hearing problem  Wears hearing Aid  Preferential seating

Student has a condition which may result in classroom emergency such as:

Asthma  Peanut Allergy  Bee Sting Allergy  Epilepsy  Diabetes  Heart Condition  Seizures  Other

Please describe Other Health Condition: \_\_\_\_\_

What action is to be taken if your student has a complication due to his/her allergic condition or health condition? *Please be specific*

*In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make arrangements considered necessary for my student to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such acts and treatment of my student, as he/she considers necessary. In the event said doctor is not available, I authorize care and treatment to be performed by any licensed physician or surgeon.*

Family Doctor/Local Medical Center Address Phone

Insurance ID or Policy # \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_

The undersigned hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by the undersigned in writing.

Parent/Guardian Signature (if student is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

**School Year [2018-2019] [YouthBuild Charter School] Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online. This institution 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 entrances, 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.

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

**D. 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**

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 Size  Eligibility Status:  Free  Reduced-price  Paid (Denied)

Verified as:  Homeless  Migrant  Runaway  Error Prone

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 lose meal 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: \_\_\_\_\_

**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

**Household Income Data Collection – YouthBuild Charter School of California – Site: \_\_\_\_\_ (Rev.4/15)**

**PART I: Fill in the following information for a student living in your household**

LAST NAME <input type="text"/>	FIRST NAME <input type="text"/>	BIRTHDATE (MM / DD / YY) <input style="width: 20px;" type="text" value=" / "/> <input style="width: 20px;" type="text" value=" / "/>	
SCHOOL (Write "NONE" if not in school) <input type="text"/>	GRADE <input type="text"/>	CLASSROOM <input type="text"/>	SCHOOL CODE <input type="text"/>

**PART II: Fill in the following information for Household size and Household Income**

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one:      1      2      3      4      5      6      7      8      9      10      Other \_\_\_\_\_

2. Total Annual Household Income: \$

**PART III: Parent or Guardian Information and Signature**

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.*

<hr/> <b>Signature of adult household member completing this form</b>	<hr/> <b>Printed name of adult household member completing this form</b>	<hr/> <b>Date</b>
HOME PHONE NUMBER <input type="text"/>	CELL PHONE NUMBER <input type="text"/>	E-MAIL ADDRESS <input type="text"/>

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.*

**Who should I include in “Household Size”?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

**What is included in “Total Household Income”?** Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

**How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.**