### Household Members (Children + Adults)

<table>
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<tr>
<th>Monthly</th>
<th>Weekly</th>
<th>Every Two Weeks</th>
<th>Twice Monthly</th>
<th>Every Two Months</th>
<th>Total Number of</th>
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**Does this number equal the number of names listed above?**

**Note:**

- **Income Sources:**
  - Disability Pensions
  - Social Security
  - Supplemental Security Income
  - Unemployment
  - Children's Aid Program
  - Adoption
  - Foster Care
  - Foster Family
- **If Income:**
  - If no income, check box

**Part 2: Income Section**

List all adult household members and all household gross income for last month (before deductions) including any income received by or for a child. Mark an X in the column for how often it is received.

**Check Beneath Box:**

- Case # (Not on card)
- Parent
- Child
- Foster

**If no one receives these benefits, skip to Part 2.**

**Check Beneath Box:**

- Parent
- Child
- Foster

**Part 3: Continued on Other Side**

**Application for Free and Reduced-Price Meals for 2023-2024**

**Questions? Call 810-3000 X20745**

**Chico: 9:59am**
**2455 Commercial Drive**
**CSUSD Nutrition Services**

**Return completed application directly to:**

**Complete ONE Application per Household**

**Also list any income that is received by the household regardless of whether or not members are included.**

- If all adult household members, regardless of whether or not members are included, they have income.

- If no income, mark an X in the box.

**Full Name of All Adult Household Members:**

**X** IF NO INCOME ON BOX