

Student Name \_\_\_\_\_

Learning Center Site/Teacher \_\_\_\_\_

Student EPIC ID # \_\_\_\_\_

EPIC Enrollment Date \_\_\_\_\_



2022-2023

## EPIC HIGH SCHOOL ENROLLMENT FORM

Student's LEGAL \*Name

Last Name(s)

First Name(s)

Middle Name

Sex  
M/F

*\*If student has two last names use father's first then mother's, then add suffix: II, Jr.  
(Must be legally verified name, with no nicknames)*

☐ Not applicable

What proof of legal name was provided?

Former or Maiden name(s) used:

\_\_\_\_\_  
*\*student must provide Legal name*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM/DD/YYYY City State/Province Country

Residence Address: *(If homeless, list city and zip code)*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address *(If different from residence address)*

Student's EMAIL: \_\_\_\_\_

### STAFF USE ONLY

☐ NEW Student

☐ ROLLOVER Student

School District of Residence? \_\_\_\_\_

(USER Tag 1) WORK EXPERIENCE

Yes \_\_\_\_\_

(USER Tag 2) CONSERVATION CORPS

Yes \_\_\_\_\_

(USER Tag 3) RESOURCE/SPEC. EDUC.

Yes \_\_\_\_\_

(USER Tag 6) NO TRANSCRIPT

Yes \_\_\_\_\_

(USER Tag 7) CAREER TECH. EDUC.

Yes \_\_\_\_\_

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**1. RACE – ETHNICITY**

**1. Select one from this box**

N	No – not Hispanic, Latino
Y	Yes – Hispanic, Latino
Z	Decline to State

**2. Select appropriate race. *(see description)***

*\*If multiracial, you can choose UP to 5*

100	Amer. Indian, Alaska Native	302	Guamanian
201	Chinese	303	Samoaan
202	Japanese	304	Tahitian
203	Korean	399	Other Pacific Islander
204	Vietnamese	400	Filipino
205	Asian Indian	600	Black or African American
206	Laotian	700	White
207	Cambodian	ZZZ	Declined to State

**Race - Ethnicity Definitions:**

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii: Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**2. Emergency Contact Information - Primary Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Residence Address: \_\_\_\_\_ ☐ Lives with Student  
(if different from Student) \*same residence address

Phone#: \_\_\_\_\_  
Home Cell Work

Emergency Contact's EMAIL: \_\_\_\_\_

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### **3. EDUCATION**

Highest level of education completed?

\_\_\_\_\_ Parent

\_\_\_\_\_ Self

\_\_\_\_\_ Graduate School/ Post Graduate Training

\_\_\_\_\_ College Graduate

\_\_\_\_\_ Some College (include AA degree)

\_\_\_\_\_ High School Graduate

\_\_\_\_\_ Not a High School Graduate

\_\_\_\_\_ Declined to State/Unknown

Provide date **First** enrolled in any U.S. school, K-12: \_\_\_\_\_  
MM/DD/YYYY

If born outside the United States, have you been enrolled in a U.S schools less than **three cumulative (total) years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Did you, or your parents, immigrate to the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to State \_\_\_\_\_

### **4. ENGLISH LANGUAGE PROFICIENCY**

If you previously attended school in the U.S., what is / was your English Proficiency at that time?

☐ EL (English Learner)

☐ EO (English Only)

☐ ADEL (Adult EL 22yrs +)

☐ IFEP (Initially Fluent English Proficient)

☐ RFEP (Reclassified Fluent English Proficient) on date:

☐ TBD (To Be Determined)

\_\_\_\_\_ MM/DD/YYYY

What language did you learn when you first began to talk? \_\_\_\_\_

What language do you most often speak at home? \_\_\_\_\_

What language do other adults most often use when speaking with you? \_\_\_\_\_

What language do the adults in your home speak most often? \_\_\_\_\_

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**5. PREVIOUS HIGH SCHOOL ACADEMIC RECORDS**

Have you passed any part of a high school equivalency test? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous High School Attended: \_\_\_\_\_

*List school and alternative schools*

*(Incluye tercer año de secundaria, preparatoria, bachillerato, y colegio)*

District/ county

School Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of months/years it has been since you left the last school you attended? \_\_\_\_\_

Number of high school credits you earned? \_\_\_\_\_

Do you have a copy of your high school transcript? \_\_\_\_\_

Have you completed any community college courses? \_\_\_\_\_

Do you have a copy of your college transcript? \_\_\_\_\_

**6. CAREER TECHNICAL EDUCATION SURVEY**

Indicate if you are interested in any of the following **Free Career Education Pathways**.

☐

Early Childhood Education

☐

Agriculture

☐

Natural Resources

☐

Fire Fighting

☐

Recycling

☐

Solar Alternative Energy

☐

Business Management

☐

Construction

☐

Employee Shared Business Ownership

☐

Not Interested

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### **7. STUDENT PROGRAMS**

If age 21 or younger, have you ever received <b>Special Education</b> services?	Yes _____ No _____
If age 22 or older, did you ever receive <b>Special Education</b> services?	Yes _____ No _____
Do you have, or have had at any time <b>an IEP or 504 plan</b> ?	Yes _____ No _____
If age 21 or younger, have you ever been in the <b>Foster System</b> ?	Yes _____ No _____
If age 22 or older, have you ever been in the <b>Foster System</b> ?	Yes _____ No _____
Do you consider yourself <b>homeless</b> ?	Yes _____ No _____

If homeless, what is your residential status?

*If so, please check appropriate box that applies.*

\_\_\_\_\_ Temporary Shelter  
(temporary residence provided for homeless individuals in emergency situations)

\_\_\_\_\_ Hotel /Motel  
(temporary residence for homeless individuals usually requiring payment/vouchers for lodging and services)

\_\_\_\_\_ Temporary Doubled-up  
(homeless & temporarily living with other families/individuals due to economic hardship or other similar reason)

\_\_\_\_\_ Temporary Unsheltered  
(not adequate housing such as car, park, street, abandoned building, campground, etc.)

\_\_\_\_\_ None of the above

If homeless, with whom are you living? *(Check all that applies)*

<input type="checkbox"/> Multiple Parents/Co Parents	<input type="checkbox"/> Surrogate Parent
<input type="checkbox"/> Foster Father	<input type="checkbox"/> Foster Mother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Family Member	<input type="checkbox"/> Caregiver
<input type="checkbox"/> Court Appointed Guardian	<input type="checkbox"/> Agency Representative
<input type="checkbox"/> Other Relative: _____	<input type="checkbox"/> Other Relationship: _____

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**8. SURVEY FOR VOCATIONAL EDUCATION & OTHER ASSISTANCE PROGRAMS**

Do you have minor children? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a prepared resume? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have your Birth Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Social Security Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a CA Driver's License or a Ca State ID card? Yes \_\_\_\_\_ No \_\_\_\_\_

**For males ages 18-25 only**, have you registered with Selective Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check all resources you currently access OR would like more information on  
(circle "**C**" for Currently Use or "**I**" for want More Information)

C / I	Food Assistance Programs	C / I	Health/Medical Services	C / I	Clearing your Driving Record
C / I	Financial Assistance	C / I	Dental Services	C / I	Paying or Reducing Fines
C / I	Transportation	C / I	Eye/Glasses Services	C / I	Criminal Record Expungement
C / I	Low/No Cost Housing	C / I	Personal and/or Family Counseling	C / I	Court Appointed Community Service
C / I	Childcare # of Children ( _____ ) Age(s): _____	C / I	Other: _____		

This institution is an equal opportunity provider.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

**By signing this you are stating everything in this enrollment form is true and correct.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FILED/EPIC Staff Signature

\_\_\_\_\_  
Date

## Letter to Household for Free and Reduced-Price Meals

Dear Student:

EPIC de Cesar Chavez participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students do not have to be United States citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

### Qualification

Students may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,231	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
For each additional family member add	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

### Applying for Benefits

An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

## **Direct certification**

An application is not required if the household receives a notification letter indicating all students are automatically certified for free meals. If you did not receive a letter, please complete an application.

## **Verification**

School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

## **Women, Infants, and Children (WIC) Participants**

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be eligible for free or reduced-price meals by completing an application.

## **Homeless, Migrant, Runaway, and Head Start**

Students who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance.

## **Foster Child**

The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster children are not eligible, this does not prevent a foster child from receiving free meals.

## **Fair Hearing**

If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing to the following: Helena Villarino- Wright, 122 E. Tehachapi Blvd, Suite C, Tehachapi, CA. 93561, (661) 823-4393.

## **Eligibility Carryover**

Students eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, students will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send a reminder or expired eligibility notices.

## **Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on



the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## How to Apply for Free or Reduced-Price Meals

Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

1. **Student Information**—Include **all students** who attend EPIC de Cesar Chavez. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the **Foster** box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable **Homeless, Migrant, or Runaway** box and complete all **STEPS** of the application.
2. **Assistance Programs**—If **any** household member (child or adult) participates in CalFresh, CalWORKs, or FDIPIR, then all students are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

3. **Report Income for all Household Members**—Must report **gross** income (before deductions) from **all** household members (children and adults) in whole dollars. Enter **0** for any household member that does not receive income.

Report the combined **gross** income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and nonfoster children on the same application.

Print the names (first and last) of **all other** household members not listed in STEP 1. Report the total **gross** income from each source and enter the appropriate pay period.

Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3. Enter the last four digits of your Social Security number (SSN). If the student has no SSN, check the **NO SSN** box.

4. **Contact Information and Signature** —The application must be signed by the student. Print the name of the student on the application, contact information, and today's date.

### **Student's Ethnic and Racial Identities**

This field does not affect student's eligibility for free or reduced-price meals. Please check the appropriate boxes.

### **Information Statement**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have an SSN by selecting the checkbox. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

### **Questions or Assistance**

Please contact your school directly.

School Year 2022-2023 EPIC de Cesar Chavez Application for Free and Reduced-Price Meals

FIELD

Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. 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, separate serving lines, separate entrances, 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)	Enter school name and grade level	Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.		
EXAMPLE: Joseph P Adams	EPIC de Cesar Chavez	07/01/2021	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"/>

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:	Enter Case Number:
<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKs	<input type="checkbox"/> FDIPIR

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

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 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
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

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
		<input type="checkbox"/>

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	<input type="checkbox"/> Categorical
Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Error Prone
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	Date:
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, the student may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of student completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State:
Zip:	
E-mail:	

OPTIONAL – STUDENTS' ETHNIC AND RACIAL IDENTITIES

We are required to ask for information regarding student's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section does not affect the student's eligibility for free or reduced-price meals.

Ethnicity (check one):		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race (check one or more):		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	