



**GILROY UNIFIED SCHOOL DISTRICT
CHILD NUTRITION DEPARTMENT**

7810 Arroyo Circle, Gilroy, California 95020
Tel. 669-205-4000 fax: 408-846-7537
www.gilroyunified.org

SUPERINTENDENT

Dr. Deborah A. Flores, Ph.D.

BOARD OF EDUCATION

Melissa Aguirre ♦ Enrique Diaz ♦ Tuyen Fiack ♦ Mark Good
Michelle Nelson ♦ James E. Pace ♦ Linda Piceno

Important Information regarding the 2021-2022 Meal Application!

Gilroy Unified School District receives funding based on students that qualify for Free/Reduced meal program applications.

Since the 2021-2022 school year meal program is serving meals at no cost to Gilroy Unified School District families, it is important that you complete the attached Alternative Household Income application form before **September 25, 2021.**

Based on Free/Reduced eligibility, this funding supports:

- Title I funds – Counseling, Intervention, and Reading/Math support.
- Title II funds – Professional Development for all staff.
- Title III funds – Support for English learners.
- Supplemental Funds – Intervention, Teacher Aides, Counseling Services, Psychologist Services, Community Liaisons, Software Licenses for students, Teacher Instructional Support, and Instructional materials.

Online Alternative Household Income applications can be found at:

<https://family.titank12.com/income-form/new?identifier=YPF5RT>

Thank you completing an application and for your participation in this important funding initiative!

Gilroy Unified School District

Household Income Data Collection – Gilroy Unified School District 2021-2022

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household					
Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following information for Household Size						
Total number of adults and children in Household:						
<i>Circle one:</i> 1 2 3 4 5 6 7 8 Other _____						
<i>See back of this form for information on household size.</i>						

PART III: Fill in the following for each source of Household Income					
Household Income reported by Frequency:					
Household Members	Amount if Paid Weekly	Amount if Paid Twice Per Month	Amount if Paid Every Other Week	Amount if Paid Monthly	Amount if Paid Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
All Additional Income	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$
Multiply Subtotal by:	X 52	X 24	X 26	X 12	
Total Income by Frequency	\$	\$	\$	\$	\$
Total Household Income (sum of all columns):					\$

PART IV: Signature		
<i>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.</i>		
_____ Signature of Adult Household Member Completing this Form	_____ Date	_____ Printed Name of Adult Household Member Completing this Form