

VERIFICATION
by Employer or by Food Stamp/CalWORKs/Kin-GAP/FDPIR Office
of Information Provided on *Application for Free or Reduced-Price Meals*

SUBMIT ONE FORM FOR EACH HOUSEHOLD MEMBER.

STATEMENT OF EARNINGS – EMPLOYER VERIFICATION

This is to confirm that (enter employee name) _____ received the following amount of gross income **before** deductions for taxes, social security, etc.
\$ _____ for pay period from _____ to _____.

This income is received: () Weekly () Monthly () Other _____

STATEMENT OF SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

This statement is to confirm that (enter name of claimant) received \$ _____ in gross benefits for the month of (enter month and year): _____. **BENEFIT SOURCE (Check one)** () Social Security () SSI

Name of Child	Name of Parent or Guardian	Food Stamp Number	CalWORKs or Kin-GAP Number	FDPIR Number

This section certifies that the information provided above is true and correct.

 **Signature:** _____

 **Telephone:** (_____) **Ext:** _____

e-mail address: _____

 **Print name and title of person signing this form:**

Date: _____

Title (Check one) :	<input type="checkbox"/> Employer	<input type="checkbox"/> Social Security / SSI Official	<input type="checkbox"/> Food Stamp, CalWORKs, Kin-GAP, or FDPIR Official	
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