



2019-2020

NUTRITION SERVICES

FREE AND REDUCED MEAL PROGRAM REFERRAL FORM

Student Name: _____

ID Number: _____

School Site: _____

Student is certified as

_____ Homeless

_____ Migrant

_____ Runaway

Signature of Referring Case Manager /Counselor/Liaison

Date

Ted Sullivan, Director of Elementary Education

Date

FORM MUST BE SIGNED BY TED SULLIVAN TO INDICATE STUDENT
IS ON OFFICIAL LIST OF HOMELESS/RUNAWAY/MIGRANT STUDENTS

Please send completed form to Nutrition Services
Send either by fax to 891-3206,
Interdepartmental mail, or email to jclemens@chicousd.org

Call 891-3000 x20702 if you have any questions.