

Free and Reduced Price School Meals Family Application

Use a separate application for each foster child.

Part 1 - Foster Child **YES** Child's spending money per month \$ _____ If none available, list \$0.
Only the foster child's spending money is counted as income on a foster child application.

Part 2 - Homeless **Migrant** **Runaway**
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the:
 District/School Homeless Liaison or Migrant Coordinator at _____.

Part 3 - The names of all children in the household in school or the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.	
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4 - Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name - List everyone in the household including students listed in Part 3	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle if NO income
	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	
<i>Example Jane Doe</i>	\$100	<input checked="" type="radio"/> Weekly <small>Every 2 weeks</small>	\$500	<input checked="" type="radio"/> Monthly <small>Monthly</small>			\$		NO
1	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
2	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
3	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
4	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
5	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
6	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO
7	\$	<input type="checkbox"/> Weekly <small>Every 2 weeks</small>	\$	<input type="checkbox"/> Monthly <small>Monthly</small>	\$		\$		NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)

If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ **I do not have a Social Security Number.**

Address _____ City _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____ E-mail(optional) _____

By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 6 - Foster Children In most cases foster children are eligible for free meals regardless of your household income
 Foster Home License Number: _____ (optional)
 A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (Optional)
 Check one or more racial identities: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

Privacy Act Information: Social Security Number
 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 a social security number. 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly
 In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

<i>Verification - This is for school use only.</i>		
Date Selected for Verification: _____	Sample Selection:	
Response Due from Household: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Random
Second Notice Sent: _____	<input type="checkbox"/> Focused	
Food Stamp/FIP Eligibility: <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Verification Result: <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change
Confirming Official's Signature: _____ Date: _____		Reason For Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____
Follow-up Official's Signature: _____ Date: _____		
Date Adverse Notice Sent: _____		

<i>Approval/Disapproval - This is for school use only.</i>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____	Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____
Foster Child: _____ Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____	
Temporary Free _____ Time Period: _____ (expires after _____ days)	
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____	
Determining Official's Signature: _____ Date: _____ Date Withdrawn: _____	