

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL		
Names of all children in school (First, Middle Initial, Last)	School Name	Grade
		List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or a TA case #.
		0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
		0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
		0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
		0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
		0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$ _____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

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 children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Social Security #: _____ I do not have a Social Security #

Privacy Act Statement: This explains how we will use the information you give us.

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 Program case number 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.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:

Asian Black or African American Native Hawaiian or Other Pacific Islander

White American Indian or Alaska Native Other

Mark one ethnic identity:

Hispanic or Latino Not Hispanic or Latino

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 discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____

Food Stamps/Temporary Assistance: Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Temporarily Approved Free Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____