

## Free and Reduced Price School Meals Family Application

**Part 1- Foster Child**  **YES** Child's spending money per month \$ \_\_\_\_\_ If none available, list \_\_\_\_\_

**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 Liason or Migrant Coordinator at \_\_\_\_\_.

**Part 3- Children in School (Use a separate application for each foster child)**

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"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____

*\*Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.  
 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 how often it is received.**

**Gross Income- Example: \$100/month, \$100/twice a month, \$100/every 2 weeks, \$100/week**

Name (List everyone in household)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	Check if NO income
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5 - Signature and Social Security Number (Adult must sign)**

*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** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*Adult Social Security Number:** \_\_\_\_\_ I do not have a Social Security Number

Address	County	Home Phone
City	Zip Code	Work Phone

*\*Please read "Privacy Act Information: Social Security Number" on back of form*

**Do not fill out this part. 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

Household Size: \_\_\_\_ Total Gross Income: \$ \_\_\_\_\_ Week \_\_\_\_, Every 2 Weeks \_\_\_\_, Twice a Month \_\_\_\_, Month \_\_\_\_, Annual \_\_\_\_\_

Foster Child: \_\_\_\_ Categorical Eligibility: \_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason \_\_\_\_\_

Temporary: Free \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days) Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

\_\_\_ C. Other (describe) \_\_\_\_\_

*\*\*Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.*

**Part 7- Child's Racial/Ethnic Identity (Optional)**

Check one or more racial identities:

- |   |           |
|---|-----------|
| ___ American Indian or Alaskan Native         | ___ Asian |
| ___ Black or African American                 | ___ White |
| ___ Native Hawaiian or Other Pacific Islander | ___ Other |

Check one ethnic identity:

- \_\_\_ Hispanic or Latino  
 \_\_\_ Neither Hispanic nor Latino

**Privacy Act Information: Social Security Number**

Section 9 of the 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. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals, to run the program, and enforce the rules of the program. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

**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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Verification- FOR SCHOOL USE ONLY**

Date Selected for Verification: _____	SAMPLE SELECTION:		___ 100%
Response Due from Household: _____	___ Random	___ Focused	___ Other _____
Second Notice Sent: _____			
<b>FOOD STAMP ELIGIBILITY:</b> ___ <i>Not Confirmed</i> Confirmed: ___ Food Stamp Office ___ Notice of Eligibility ___ ATP Card issued monthly	<b>INCOME: \$</b> _____ ___ Monthly ___ Yearly ___ Wage Stubs ___ Written Documents ___ Collateral Contact ___ Agency Records ___ Other _____	<b>VERIFICATION RESULT:</b> ___ Free to Reduced ___ Free to Paid ___ Reduced to Free ___ Reduced to Paid ___ No Change	
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____		<b>REASON FOR ELIGIBILITY CHANGE:</b> ___ Income ___ Household Size ___ Refused to Cooperate ___ Other _____	
DATE ADVERSE NOTICE SENT: _____			

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