

Free and Reduced Price School Meals Family Application

Part 1 - Foster Child **YES** **Child's spending money per month \$ _____ If none available, list \$0.
Use a SEPARATE application for each FOSTER CHILD

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?
<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	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	Weekly	\$500	Monthly					NO
1	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
2	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
3	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
4	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
5	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
6	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	NO
7	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</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		

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 _____,
Foster Child: _____	Categorical Eligibility: _____	Twice a Month _____,	Month _____,
Temporary Free _____	Time Period: _____ (expires after _____ days)	Annual _____	Eligibility: Free _____ Reduced _____ Denied _____
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____			
Determining Official's Signature: _____		Date: _____	Date Withdrawn: _____

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.
 **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: 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 discriminating 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 DC 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"/> Focused	<input type="checkbox"/> Random
Second Notice Sent: _____	<input type="checkbox"/> Basic	
Food Stamp/FIP Eligibility: <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> ATP Card issued monthly	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 Reason For Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____
Confirming Official's Signature: _____ Date: _____		
Follow-up Official's Signature: _____ Date: _____		
Date Adverse Notice Sent: _____		

Dear Parent or Guardian:

Your family application for free and reduced price school meals or free milk has been evaluated.

Name of Student	Grade	School

APPROVED

- Free Lunches
- Free Breakfast
- Free Afterschool Snack
- Reduced price lunches. Your cost: _____ cents per lunch.
- Reduced price breakfast. Your cost: _____ cents per breakfast.
- Reduced Price Snack. Your cost: _____ cents per snack.
- Free Milk

DISAPPROVED

- Total household income exceeds published income scales.

INCOMPLETE

- Income by source is not listed. Please send corrected copy.
- Names of all household members are missing or not listed. Please send corrected copy.
- Signature of primary wage earner or adult is missing. Please send corrected copy.
- Social security number of adult who signed the application is missing.
- Other (specify): _____

You may apply at any time during the school year. If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Family Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

[Name of program specific to your school]

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

[Name of program specific to your school]

Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.

[Name of program specific to your school]

If you check yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

No! **I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____.

Return this form to:

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