



Free and Reduced Price School Meals Family Application

Part 1 - Foster Child **Yes** Child's spending money per month \$ _____ If non available, list \$0.

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	Yes _____
			<input type="checkbox"/> No	Yes _____
			<input type="checkbox"/> No	Yes _____
			<input type="checkbox"/> No	Yes _____
			<input type="checkbox"/> No	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

1- Name (List everyone in household)	2- Gross Income				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	Check if NO income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> NO
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> 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 _____ 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 _____, Twice a Month _____, Month _____, Annual _____
Foster Child: _____	Categorical Eligibility: _____
Temporary Free: _____	Time Period: _____ (expires after _____ days)
Reason for Denial: _____	Income too High _____ Incomplete Application _____ Other (specify) _____
Determining Official's Signature: _____	Date: _____ Date Withdrawn: _____

Free and Reduced Price School Meals Family Application (continued)

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, an 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:

_____ American Indian or Alaskan Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ White

_____ Other

Check one ethnic identity:

_____ Hispanic or Latino

_____ Neither Hispanic nor Latin

Privacy Act Information: Social Security Number

The Richard B. Russel National 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 and for administration and enforcement. 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 for violations of program rules. 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: _____			_____ Focused _____ Random _____ Other _____		
Second Notice Sent: _____			_____ Basic		
FOOD STAMP/FIP ELIGIBILITY: _____ Not Confirmed Confirmed: _____ Food Stamp Office _____ Notice of Eligibility _____ ATP Card issued monthly		INCOME: \$ _____ Monthly _____ Yearly _____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____		VERIFICATION RESULT: _____ 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: _____ DATE ADVERSE NOTICE SENT: _____			REASON FOR ELIGIBILITY CHANGE: _____ Income _____ Household Size _____ Refused to Cooperate _____ Other		