

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - Foster Child ☐ Yes Child's spending money per month \$_____. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**
 Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

Part 2 - ____ Homeless ____ Migrant ____ Runaway **Only list the child's name, grade and school in Part 4.**
 If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)
 If yes, you MUST list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____
 * Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.												
Names (Last, First)	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income			
					weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
Example: Doe, Jane			\$0	\$600		monthly				\$250	monthly				
1			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
2			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
3			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
4			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
5			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
6			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
7			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)
 If Part 5 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 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/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 7 - 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 residential institution.

Part 8 - 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 or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 Supplemental Nutrition Assistance 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 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."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____

Confirming Officials Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Officials Signature: _____

FAP/FIP Eligibility:

_____ Not confirmed

Confirmed:

_____ Department of Human Services

_____ Notice of Eligibility

Income

\$ _____

_____ Weekly

_____ Every 2 weeks

_____ Twice a month

_____ Monthly

_____ Annual

_____ 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

Reason for Eligibility Change:

_____ Income

_____ Household Size

_____ Refused to Cooperate

_____ Other _____

Date of Adverse Notice Sent:

Verification Official's Signature:

APPROVAL/DISAPPROVAL - 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: \$ _____

_____ Weekly

_____ Every 2 Weeks

_____ Twice a Month

_____ Monthly

_____ Annual

_____ Foster Child
_____ Categorical Eligibility**Eligibility:**

_____ Free

_____ Reduced

_____ Paid

_____ Temporary Free - Time Period:

_____ (expires after _____ days)

Reason for Denial:

_____ Income Too High

_____ Incomplete Application

_____ Other (specify) _____

Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____