

Dear Parent/Guardian:

Children need healthy meals to learn. *Oakwood ISD* offers healthy meals every school day. Breakfast costs .60 for elementary and 1.00 for high school; lunch costs 1.50 for elementary and 2.25 for high school. Your children may qualify for free meals or for reduced-price meals. Reduced price is .30 for breakfast and .40 for lunch. The following questions and answers will provide information about the Free and Reduced-Price Meal Program.

1. Do I need to fill out an application for each child?

No. Complete one *Free and Reduced-Price School Meals Application* to apply for free or reduced-price meals for all children in the household. We cannot approve an incomplete application, so be sure to fill out all required information. Return the completed application to *Melissa Barnett 631 N. Holly Oakwood, Texas 75855*.

2. Who can get free meals?

- **Income**—Your children can get free or reduced-price meals if your household's gross income (total, without deductions) is within the limits described on the *Federal Income Eligibility Guidelines*.
- **Special Program Participants**—All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), can get free meals regardless of income. Children who attend Head Start, Early Head Start, and Even Start are also eligible for free meals.
- **Foster**—Foster children under the legal responsibility of a foster care agency or court are eligible for free meals. A foster child is eligible for free meals regardless of the income of his or her resident household.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant, please call or email *Stu Musick @ 903-545-2666 or smusick@oakwoodisd.net*.

3. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?

Carefully read the letter you received and follow the instructions. Call your child's school at *903-545-2140* if you have questions.

4. My child's application was approved last year. Do I need to fill out another one?

Yes. Your child's application is only good for one school year and the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for this school year.

5. I get WIC, can my child(ren) get free meals?

Children in households participating in WIC may be eligible for free or reduced-price meals; please fill out an application.

6. What if my income is not always the same?

List the amount that you normally receive. Even if you missed some work in the last month, put down your usual pay. If you normally get overtime pay, include it. If you have lost a job or had your hours or wages reduced, use your current income.

7. We are in the military.

Do we include our housing allowance as income?

If you get an off-base housing allowance, it must be included as income. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

Is combat pay counted as income?

No, if combat pay is received because of deployment in addition to basic pay and was not received before deployment, combat pay is not counted as income.

8. May I apply if someone in my household is not a U.S. citizen?

Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.

9. Will the information I give be checked?

Yes, and we may also ask you to send written proof.

10. If I don't qualify now, may I apply later?

Yes. You may apply at any time during the school year. If your household income or circumstances change, you may become eligible for free or reduced-price meals.

11. Who should I include as members of my household?

You must include yourself as well as others living with you who share income and expenses—related to you or not (grandparents, other relatives, or friends. Do not include others who live with you who are economically independent—that is anyone you do not support, does not share income with you, and does pay a pro-rated share of expenses.

12. What if I disagree with the school's decision about my application?

You should talk to school officials. You also may ask for a hearing by calling or writing to *Stu Musick, 631 N. Holly, Oakwood, Texas 75855 or 903-545-2666*.

13. My family needs more help. Are there other programs we might apply for?

To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

If you have other questions or need help, call: *903-545-2140*.

Si necesita ayuda, por favor llame al teléfono: *903-545-2140*.

Sincerely,

Melissa Barnett

Multi-Child and Multi-Use Free and Reduced Price School Meals Applications for 2013–2014

More Information on How to Report Your Income on the Application

- Gross Income—Record the amount earned before taxes and other deductions.
- How Often Income Is Received—Record type of income received for the month—weekly, every other week, twice a month, or monthly and not the take-home pay. You should be able to find this information on your paystub, or ask your boss.
- All Other Income—Record Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, federal education benefits, and foster payments received from the placing agency. For ONLY the self-employed, under *Earnings from Work Before Deductions*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Income Eligibility Reduced-Price Guidelines—July 1, 2013–June 30, 2014					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	\$28,694	\$2,392	\$1,196	\$1,104	\$552
3	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
<i>For each additional family member add:</i>					
	+ \$7,437	+ \$620	+ \$310	+ \$287	+ \$144

Application Instructions

<i>Not everyone has to complete every part of the application. The following table lists the parts of the application you must complete based on household circumstances.</i>	
Your household receives any of the following benefits: <ul style="list-style-type: none"> – Supplemental Nutrition Assistance Program (SNAP), – Temporary Assistance for Needy Families (TANF), or – the Food Distribution Program on Indian Reservations (FDPIR) 	Complete Parts 1, 2, & 5. (not necessary to provide last 4 digits of Social Security number)
Any child in your household has been identified as <ul style="list-style-type: none"> – homeless, – migrant, or – runaway, but no one in the household receives state SNAP or TANF benefits.	Complete Parts 1, 3, 4 (for any child not listed in Part 3), & Part 5.
All children in the home are foster children placed by a foster care agency or court.	Complete Parts 1 & 5. (not necessary to provide last 4 digits of Social Security number)
Some of the children in the home are foster children placed by a foster care agency or court.	Complete Parts 1, 2 if applies, 3 if applies, 4, & 5.
The household receives WIC.	Complete Parts 1, 2, 3, 4, & 5.
All other households.	Complete Parts 1, 2, 3, 4, & 5.
Multi-Use Form—Only if asked to complete a multi-use form	Complete Part 6, Optional

OAKWOOD INDEPENDENT SCHOOL DISTRICT

Multi-Child Free and Reduced Price School Meals Application for 2013–2014

Part 1: All Children in School in the Household—If all children listed below are foster children placed by a foster care agency or court, skip to Part 5 and sign this form.			Part 2: Benefits—If any member of your household receives SNAP, FDPIR, or TANF, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3. Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your child's school.
List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	List the name of the school for each child.	Check for each foster child	
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	
7.		<input type="checkbox"/>	
8.		<input type="checkbox"/>	

Part 4: Total Household Gross Income.					
B. Provide the gross income for each person in the household and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often you receive the income in the second blank. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)					
A. List the names of all household members.	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, or VA Benefits	All Other Income	Check If No Income
(Example) Jane Smith	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>
1.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
2.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
3.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
4.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
5.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
6.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
7.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>
8.	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	<input type="checkbox"/>

Part 5: Signature and Last Four Digits of Social Security Number—An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his/her Social Security number or mark the box in front of "I do not have a Social Security number."

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: _____ Print Name Here: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last Four Digits of Social Security Number: ***-**-____ ☐ I do not have a Social Security number.

Do Not Fill Out This Part. This Is For School Use Only					
<i>Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</i>					
Total Income: _____	Per: <input type="checkbox"/> Week	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Month	<input type="checkbox"/> Year
<input type="checkbox"/> Categorical Eligibility	<input type="checkbox"/> Meal Eligibility:	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied	
Determining Official's Signature: _____			Date: _____		
Confirming Official's Signature: _____			Date: _____		
Follow-Up Official's Signature: _____			Date: _____		

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Multi-Child Free and Reduced Price School Meals Application for 2013–2014

Extra Household Member Reporting Sheet

Use this sheet if needed to report additional children in the household or additional household members.

Part 1: All Children in School in the Household—If all children listed below are foster children placed by a foster care agency or court, skip to Part 5 and sign this form.

List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	List the name of the school for each child.	Check for each foster child
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>
11.		<input type="checkbox"/>
12.		<input type="checkbox"/>
13.		<input type="checkbox"/>
14.		<input type="checkbox"/>
15.		<input type="checkbox"/>
16.		<input type="checkbox"/>
17.		<input type="checkbox"/>
18.		<input type="checkbox"/>
19.		<input type="checkbox"/>
20.		<input type="checkbox"/>

Part 4. Total Household Gross Income.

A. List the names of all household members.	B. Provide the gross income for each person in the household and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often you receive the income in the second blank. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, or VA Benefits	All Other Income	Check If No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	
9.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
10.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
11.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
12.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
13.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
14.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
15.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
16.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
17.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
18.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
19.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
20.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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 last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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.

Insert CE Name

Multi-Use/Multi-Child Free and Reduced Price School Meals Application for 2013–2014

Part 1: All Children in School in the Household—If all children listed below are foster children placed by a foster care agency or court, skip to Part 5 and sign this form.			Part 2: Benefits—If any member of your household receives SNAP, FDPIR, or TANF, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.		
List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	List the name of the school for each child.	Check for each foster child			
1.		<input type="checkbox"/>	EDG: _____		
2.		<input type="checkbox"/>	Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your child's school.		
3.		<input type="checkbox"/>			
4.		<input type="checkbox"/>			
5.		<input type="checkbox"/>			
6.		<input type="checkbox"/>	<input type="checkbox"/> Homeless		
7.		<input type="checkbox"/>	<input type="checkbox"/> Migrant		
			<input type="checkbox"/> Runaway		
Part 4: Total Household Gross Income.					
B. Provide the gross income for each person in the household and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often you receive the income in the second blank. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)					
A. List the names of all household members.	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, or VA Benefits	All Other Income	Check If No Income
(Example) Jane Smith	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	
1.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
2.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
3.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
4.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
5.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
6.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
7.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
Part 5: Signature and Last Four Digits of Social Security Number—An adult household member <u>must sign the application</u> . If Part 4 is completed, the adult signing the form also must list the last four digits of his/her Social Security number or mark the box in front of "I do not have a Social Security number."					
<i>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.</i>					
Sign Here: _____		Print Name Here: _____			
Date: _____					
Address: _____		Phone Number: _____			
City: _____		State: _____		Zip Code: _____	
Last Four Digits of Social Security Number: ***-**-____		<input type="checkbox"/> I do not have a Social Security number.			
Part 6: Sharing Information With Other Programs: OPTIONAL					
For the following programs, we must have your permission to share your information. Please <u>circle</u> any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.					
Programs: _____					
Do Not Fill Out This Part. This Is For School Use Only					
<i>Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</i>					
Total Income: _____		Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year		Household Size: _____	
<input type="checkbox"/> Categorical Eligibility		<input type="checkbox"/> Meal Eligibility: <input type="checkbox"/> Free		<input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
Determining Official's Signature: _____			Date: _____		
Confirming Official's Signature: _____			Date: _____		
Follow-Up Official's Signature: _____			Date: _____		

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Multi-Use/Multi-Child Free and Reduced Price School Meals Application for 2013–2014

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List the names of all children in school in your household. (First, Middle Initial, Last)	List the name of the school for each child.	Check for each foster child
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>
11.		<input type="checkbox"/>
12.		<input type="checkbox"/>
13.		<input type="checkbox"/>
14.		<input type="checkbox"/>
15.		<input type="checkbox"/>
16.		<input type="checkbox"/>
17.		<input type="checkbox"/>
18.		<input type="checkbox"/>
19.		<input type="checkbox"/>
20.		<input type="checkbox"/>

Part 4. Total Household Gross Income.					
B. Provide the gross income for each person in the household and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often you receive the income in the second blank. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)					
A. List the names of all household members.	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, or VA Benefits	All Other Income	Check If No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>
8.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
9.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
10.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
11.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
12.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
13.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
14.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
15.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
16.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
17.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
18.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
19.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
20.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>

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 last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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.