2015-2016 Application for Free and Reduced Price School Meals - VT Agency of Education

Complete one application per household. Please use a pen (not a pencil).

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eligible for the meak Reading Reduced Price School Meak for the meak Reading Price School Meak for more information. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up? Circle one: Yes / No If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (<u>Do not complete STEP 3</u>) Case Number: Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered Yes / to STEP 2) A child neam for for for for for the only one case number in this space. Step 3 Report Income for ALL Household Members (Skip this step if you answered Yes / to STEP 2) A child neam for for for for for the only one case number in this space. A child neam for for for for the only one case number in the nousehold earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here; if applicable A child neam for for for the only one receive income. Please include the TOTAL income earned by all Children listed in STEP 1 (including yourself) even if they do not receive income. For each Household Members (isted in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do neerote income to report. Mult hey you with the child neame (First & Last) A mere Adult Household Members (First	even if not related Children in Foster and children who	d." r care meet the																											I that apply		
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Total Household Members Last Four Digits of Social Security Number (SSN) of			Total House	hold Me	mbers		_ Ψ _		our Di	oits o	of Social Se	ecurity N	Numbe	r (SSN)						<u></u>				Ψ							
(Children and Adults) Primary Wage Earner or Other Adult Household Member																															
STEP 4 Contact information and adult signature																															
'I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."									tand that	t this ir	nformation i	s given in	connecti	on with t	he recei	ipt of Fe	ederal fi	unds, and	that scho	ool off	icials m	ay verif	y (check)	the in	formatio	n. I am	aware tha	t if I purpo	sely give	false info	rmation, my
Printed name of adult completing the form Signature of adult completing the form Today's date	Printed name of adult completing the form									Signature of adult completing the form Today's date								late]												
Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)	Street Address (if available) Apt #																														

www.vermontfoodhelp.com.

App #



FOR SCHOOL USE ONLY of PLEASE DO NOT WRITE BELOW THIS LINE															
Household Size:	Total Incom	e Month	2XMonth	Per Time Peri	od 2 Weeks	Week		al Income Conversion - • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12							
To be valid, this form must be sign Signature of Approving Official Signature of Independent Review	_		Date Date		box and Fre Income 3Squares	sVT / Reach-Up /Runaway/Hom	n)	Reduced Income	Denied Over Income Incomplete Form						
VERIFICATION If this application was chosen for verification, please complete the section below. Selected for Verification Date: Confirmation of Original Approval: Application confirmed as Correctly Approved?: Yes No Confirmation Official Signature: Date: Verification Results: No change Free to Reduced Free to Denied Reduced to Free Reduced to Denied Date Verification Completed: Initialed by:															
INCOME ELIGIBILITY GUIDELINES															
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to left shows the	this	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							
1	21,775	1,815	908	838	419	reduced pri	ce incl	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							
2	29,471	2,456	1,228	1,134	567	guidelines. Your childre	soci	al security number is not required when y	0						
3	37,167	3,098	1,549	1,430	715	may qualify	chile	d or you list a Supplemental Nutrition As porary Assistance for Needy Families (Re							
4	44,863	3,739	1,870	1,726	863	free OR for		Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household							
5	52,559	4,380	2,190	2,022	1,011	 reduced pri school meal 	aif mer	ber signing the application does not have a social security number. We							
6	60,255	5,022	2,511	2,318	1,159	your household	hold redu	d reduced price meals, and for administration and enforcement of the lunch and							
7	67,951	5,663	2,832	2,614	1,307	income falls within the	, edu	oreakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or							
8	75,647	6,304	3,152	2,910	1,455	limits on thi		determine benefits for their programs, auditors for program rev enforcement officials to help them look into violations of progra							
For each additional household member add	7,696	642	321	296	148	chart.		-							

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