

☐ Check here if you received meal benefits last year.

UNION GAP SCHOOL 2011-2012 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Complete, sign and return this application to your child's teacher or the main office.

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and mark an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school. ☐ Homeless ☐ Migrant ☐ Runaway

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number
							\$						<input type="checkbox"/> Yes-Case # _____
							\$						<input type="checkbox"/> Yes-Case # _____
							\$						<input type="checkbox"/> Yes-Case # _____
							\$						<input type="checkbox"/> Yes-Case # _____
							\$						<input type="checkbox"/> Yes-Case # _____

2. List the names of all other household members-Enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3

Names of ALL other household members (do not include names of students listed above)	Foster Child		Earnings from work (before any deductions)	Weekly				Child Support, Alimony	Weekly				Pensions, Retirement, Social Security (SS)	Weekly				Any Other Income Not Already Listed	Weekly				Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number
	No Income			Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly						
			\$					\$					\$				\$						
			\$					\$					\$				\$						
			\$					\$					\$				\$						
			\$					\$					\$				\$						
			\$					\$					\$				\$						

3. Total Household Members (include all people living in your household): _____

4. Signature and Social Security Number-I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____ Printed Name of Adult Household Member		
_____ Mailing Address		_____ Street Address
_____ City & Zip Code	_____ Home Phone	_____ Work/Cell Phone

Last 4 digits of your social security number: _____ Or, if you do not have a social security number, check the box: <input type="checkbox"/>	
_____ Adult Household Member Signature	_____ Date
_____ Email Address	

5.Children's Racial and Ethnic Identities (Optional)

Mark on or more racial identities:

- | | |
|-----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black, or African American | <input type="checkbox"/> Other |

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Privacy Act Statement: This explains how we will use the information you give us. 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 (Basic Food), 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.

SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. DO NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL DENIAL

- ☐ Basic Food/TANF/FDPIR Household
☐ Income Household
☐ Foster Child (categorically free)

Total Household Size _____

Total Household Income \$_____

Income Approved by (check one): ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly ☐ annual

APPLICATION APPROVED FOR:

- ☐ Free Meals
☐ Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- ☐ Free Meals ☐ Reduced-Price

APPLICATION DENIED BECAUSE:

- ☐ Income Over Allowed Amount
☐ Incomplete/Missing Information
☐ Other: _____

Date Notice Sent

Signature of Approving Official

Date