

2008-2009 Gwinnett County Public Schools Free and Reduced Price School Meals Family Application (One Application Per Household)

Use **Black Ink.** For Results! Call 1-800-930-8297 (After 10 Days)

Did your child receive free/reduced meals last year in Gwinnett County? Yes ___ No ___

1 Children in Gwinnett County Schools

Student ID# (Optional)	First Name	MI	Last Name	Date of Birth			Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF #	Student's Monthly Income, if any	Check box if NO Income
				M M	D D	Y Y				
									\$	<input type="checkbox"/>
									\$	<input type="checkbox"/>
									\$	<input type="checkbox"/>
									\$	<input type="checkbox"/>
									\$	<input type="checkbox"/>

2 If the child you are applying for is homeless (H), migrant (M), or a runaway (R), check the appropriate box and call your homeless liaison/migrant coordinator, at phone (678) 301-6307.

H M R

3 **Foster Child:** Use a separate application for each Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check the box to the left and then list the amount of the child's personal use monthly income. Skip to Part 5.

\$

4 Household Members

Gross monthly income before deductions

Adults and children not listed in Part 1	Check box if NO Income	Earnings from work before deductions (Monthly)	Welfare, child support, alimony (Monthly)	Pensions, retirement, Social Security (Monthly)	All Other Income (Monthly)
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$

To Determine Monthly Income:
 Weekly: Multiply by 52 and divide by 12
 Every Two Weeks: Multiply by 26 and divide by 12
 Twice Monthly: Multiply by 24 and divide by 12

Office Use Only

Date Received

Official

← Enter the total number of household members (Add the names listed in Parts 1 & 4)

5 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box (See Privacy Act Statement).

CERTIFICATION: 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.

X Sign here

Print First Name

Print Last Name

Date

Address Apt # City State Zip Code Daytime Telephone Number

Social Security Number - - I do not have a Social Security Number

6 Race Identity (Optional) Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Ethnic Identity (Optional) Hispanic or Latino NOT Hispanic or Latino