

Bethel School District No. 403

School Year 2008-2009

Application for Free and Reduced-Price Meals

1. PRINT NAME OF STUDENT(S), SCHOOL, BIRTHDATE, GRADE AND BASIC FOOD, TANF or FDPIR CASE NUMBER (If Applicable)

Student's First Name	MI	Last	School	Birth Date	Grade	Basic Food/TANF/FDPIR Case # (If any)Skip to part 4 if you list a #
1.						
2.						
3.						
4.						
5.						

2. FOSTER CHILD: CHECK HERE: If this application is for a student who is the legal responsibility of a welfare agency or court, list the amount of the student's personal use monthly income. Write "0" if the student has no personal use income \$ _____.

***Complete a separate application for each Foster Child.**

3. LIST ALL HOUSEHOLD MEMBERS AND INCOME HERE (If you provided a case number for all students in section 1 or checked foster child in section 2, do not complete this section.)

NAMES OF HOUSEHOLD MEMBERS			Gross Earnings (Before Deductions) (list amount/how often)		Welfare Payment, Child Support, Alimony (list amount/how often)	Pensions, Retirement, Social Security (list amount/how often)	OTHER INCOME (list amount/ how often)
FIRST	MI	LAST	Job 1	Job 2			
(Example) Jane	I	Doe	\$100/weekly	\$100/twice a month	\$150/monthly	\$100/monthly	none
1.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
2.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
3.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
4.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
5.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
6.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
7.			\$ / /	\$ / /	\$ / /	\$ / /	\$ / /

ANNUAL INCOME CONVERSION: WEEKLY X 52; EVERY TWO WEEKS X 26; TWICE A MONTH X 24

An adult household member must sign the application before it can be approved. I certify that all of the above information is true and correct and that all income is reported. 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.

4: SIGNATURE, SOCIAL SECURITY NUMBER AND ADDRESS

Please sign here: X _____ Date: _____
Signature of Adult Household Member

Printed Name of Adult Household Member	Mailing Address/PO Box	Home Telephone Number
Social Security Number	City and Zip Code	Work Telephone Number

I do not have a Social Security Number

5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES: (Optional)

Mark one or more racial identities:

- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Asian
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

SCHOOL USE ONLY – DO NOT WRITE BELOW HERE

SFA APPROVAL/DENIAL

- Basic Food / TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Monthly Income \$ _____

Total Household Size _____

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals

_____ Date Temporary Approval Expires

APPLICATION DENIED BECAUSE:

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

_____ Date Notice Sent

_____ Signature of Determining Official

_____ Date