

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

## Part 1. Children in School

(Use a separate application for each foster child)

Names of all children in school  
(First, Middle Initial, Last)

School Name

Grade

1.  
2.  
3.  
4.  
5.  
6.

## Part 2. Food Stamp/ Cash Assistance/ FDPIR Case Number For EACH Student

If your child(ren) have a Case Number please  
**ENTER BELOW** for each student. Skip to Part 6.

1.  
2.  
3.  
4.  
5.  
6.

**Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the school office at 464-8960**

Homeless ☐ Migrant ☐ Runaway ☐

## Part 4. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 6.

## Part 5. Total Household Gross Income —You must report **HOW MUCH** and **HOW OFTEN**

1. Name (List <b>everyone</b> in household including children in school)	2. Check if <b>NO</b> Income	3. GROSS INCOME and HOW OFTEN it was received							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income	
		How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

## Part 6. Signature and Social Security Number (Adult MUST sign)

An adult household member must sign the application. If Part 5 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 on the back of this page.)

*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.*

**Must Sign here:** ☒ \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_ ☐ **I do not** have a Social Security Number

**Address:** \_\_\_\_\_ **APT#** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

## Part 7. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Don't fill out this part. This is for school use only.**

☐ **Error-Prone** ☐ **Directly Certified – Attach to match result**

*Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12*

**Total Income:** \$ \_\_\_\_\_ **Per:** ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year **Household size:** \_\_\_\_\_

☐ Case # Application **Eligibility:** ☐ Free, ☐ Reduced, ☐ Denied -- Reason: \_\_\_\_\_ **Date Withdrawn:** \_\_/\_\_/\_\_

☐ Temp. Free – Zero Income (45 days) ☐ Temp. Free – homeless/migrant/runaway (30 days) **Temporary Free Expires:** \_\_/\_\_/\_\_

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_ **Date Notice Sent:** \_\_/\_\_/\_\_

**Confirming Official's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Follow-up Official's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

☐ Selected for Verification (see attachment)

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b> For School Year 2006-2007			
Household size	Yearly	Monthly	Weekly
1	\$18,130	1,511	349
2	24,420	2,035	470
3	30,710	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
Each additional person:	+6,290	+525	+121

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**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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.