

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 _____ Homeless _____ Migrant _____ Runaway List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.
Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

| Names | Circle Yes if Foster Child | Grade (if applicable) | Building Name (if applicable) | Circle if NO Income | Earnings from Work (before any deductions and taxes) | | Welfare, Child Support, Alimony | | Pensions, Retirement, Social Security | | All Other Income | | |
|-------------------|----------------------------|-----------------------|-------------------------------|---------------------|--|---------------|---------------------------------|---------------|---------------------------------------|---------------|------------------|---------------|---------------|
| | | | | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | |
| Example: Jane Doe | Yes | | | \$0 | \$600 | monthly | monthly | \$250 | monthly | monthly | | | |
| 1 | Yes | | | \$0 | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks |
| 2 | Yes | | | \$0 | | twice a month | monthly | twice a month | monthly | twice a month | monthly | twice a month | monthly |
| 3 | Yes | | | \$0 | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks |
| 4 | Yes | | | \$0 | | twice a month | monthly | twice a month | monthly | twice a month | monthly | twice a month | monthly |
| 5 | Yes | | | \$0 | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks |
| 6 | Yes | | | \$0 | | twice a month | monthly | twice a month | monthly | twice a month | monthly | twice a month | monthly |
| 7 | Yes | | | \$0 | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks |
| 8 | Yes | | | \$0 | | twice a month | monthly | twice a month | monthly | twice a month | monthly | twice a month | monthly |

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

| | | | |
|-----------------|------------|---------------|--|
| Address | City | Zip Code | County |
| Home/Cell Phone | Work Phone | Email Address | By providing your email address you may be notified via email of your eligibility for free and reduced price school meals. |

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander

- Asian
- White
- Other

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.

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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

VERIFICATION - FOR SCHOOL USE ONLY

| | | | | |
|---|--|--|--|---|
| Date Selected for Verification: _____ | | Date Follow-up/Second Notice: _____ | | Date of Adverse Notice Sent: _____ |
| Confirming Officials Signature: _____ | | Follow-up Official's Signature: _____ | | |
| Response Due from Household: _____ | | Verification Official's Signature: _____ | | |
| FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Confirmed: <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility | Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | Wage Stubs Written Documents Collateral Contact Agency Records Other _____ | Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change | Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____ |

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

| | | |
|---|--|---|
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 | | |
| Household Size: _____ Total Gross Income: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | Number of Children Free: _____ Number of Children Reduced: _____ Number of Children Paid: _____ Temporary Free - Time Period: _____ (expires after _____ days) | Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____ |
| Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____ | | |