FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - Foster Child ☐ Yes Child's spending money per month $_____. If none available, list $0. **Only list the foster child's name, grade and school in Part 4.**

Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

Part 2 - ____ Homeless ____ Migrant ____ Runaway **Only list the child's name, grade and school in Part 4.**

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 _____

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)

If yes, you MUST list a case number - Food Assistance Program # _____ Family Independence Program #_____ FDPIR #_____

*** Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers**

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.

Part 5 - Total Household Gross Incomes

Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.

Names (Last, First)	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		
Example: *Doe, Jane*			$0	*$600*	weekly	every 2 weeks		weekly	every 2 weeks	*$250*	weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	(monthly)		twice a month	monthly		(twice a month)	monthly		twice a month	monthly
1			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
2			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
3			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
4			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
5			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
6			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
7			$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
					twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 6 - Signature and Social Security Number ***(Adult household member MUST sign and date.)***

If Part 5 is completed, the adult signing the form must also list 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 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 child may lose benefits and I may be prosecuted.

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

Adult Social Security Number: _____ ☐ **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 e-mail of your eligibility for free and reduced price school meals.	

Part 7 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income.*

Foster Home License Number: _____ (optional)

_____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

_____ B. The child is a resident of a licensed "Group Foster" home or residential institution.

Part 8 - 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 social security number of the adult household member who signs the application. The social security number is not required when you appply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, 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.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____

Confirming Officials Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Officials Signature: _____

FAP/FIP Eligibility:

_____ Not confirmed

Confirmed:

_____ Department of Human Services
_____ Notice of Eligibility

Income

$_____

_____ Weekly
_____ Every 2 weeks
_____ Twice a month
_____ Monthly
_____ Annual

_____ Wage Stubs
_____ Written Documents
_____ Collateral Contact
_____ Agency Records
_____ Other _____

Verification Result

_____ Free to Reduced
_____ Free to Paid
_____ Reduced to Free
_____ Reduced to Paid
_____ No Change

Reason for Eligibility Change:

_____ Income
_____ Household Size
_____ Refused to Cooperate
_____ Other _____

Date of Adverse Notice Sent:

_____

Verification Official's Signature:

_____

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: $_____

_____ Weekly
_____ Every 2 Weeks
_____ Twice a Month
_____ Monthly
_____ Annual

_____ Foster Child
_____ Categorical Eligibility

Eligibility:

_____ Free
_____ Reduced
_____ Paid
_____ Temporary Free - Time Period:
_____ (expires after____days)

Reason for Denial:

_____ Income Too High
_____ Incomplete Application
_____ Other (specify) _____

Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____