

2013-2014 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: _____ CASE NUMBER: -

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN **PART 3.** CALL [your school's homeless liaison, migrant coordinator at phone #] IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us who, how much and how often.

A. NAME <small>(List all household members. Attach an additional page if needed)</small>	Indicate if a Foster, Homeless, Migrant or Runaway Child		Child's School <small>(Write N/A for any household members not in school)</small>	Child's Grade	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i>										Check if NO income							
					Earnings From Work Before Deductions			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits			All Other Income								
	Fos.	Hom.			\$		W	E	\$		W	E	\$		W	E	\$		W	E	<input type="checkbox"/>	
	Mig.	Run.					T	M	A		T	M	A		T	M	A		T	M	A	<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 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)

An adult household member must sign the application. **if Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Use of Information Statement on the Parent/Guardian letter.)

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.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____

City: _____ State: Zip Code:

Phone Number: - - Last four digits of Social Security Number: * * * - * * - I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino

Choose one or more (reardless of ethnicity): Asian American Indian or Alaska Native Black or African American White Native Hawaiian or Other

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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: _____

Eligibility: Free Reduced Denied Reason: _____; Categorically Eligible; Other Source Categorically Eligible; Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____ Date: _____

