

## 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						
				weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks			
Example: Doe, Jane			\$0	\$600	monthly		twice a month	\$250	monthly							
1			\$0		weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks
2			\$0		twice a month	monthly	twice a month	monthly	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	weekly	every 2 weeks	weekly	every 2 weeks
4			\$0		twice a month	monthly	twice a month	monthly	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	weekly	every 2 weeks	weekly	every 2 weeks
6			\$0		twice a month	monthly	twice a month	monthly	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	weekly	every 2 weeks	weekly	every 2 weeks

**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         | _____ Asian |
| _____ Black or African American                 | _____ White |
| _____ Native Hawaiian or Other Pacific Islander | _____ 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 apply 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: \_\_\_\_\_

Date Follow-up/Second Notice: \_\_\_\_\_

Response Due from Household: \_\_\_\_\_

Follow-up Officials Signature: \_\_\_\_\_

**FAP/FIP Eligibility:**

- \_\_\_\_\_ Not confirmed  
 Confirmed:  
 \_\_\_\_\_ Department of Human Services  
 \_\_\_\_\_ Notice of Eligibility

**Income**

- |                     |                          |
|---------------------|--------------------------|
| \$ _____            | _____ Wage Stubs         |
| _____ Weekly        | _____ Written Documents  |
| _____ Every 2 weeks | _____ Collateral Contact |
| _____ Twice a month | _____ Agency Records     |
| _____ Monthly       | _____ Other _____        |
| _____ Annual        |                          |

**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:** \_\_\_\_\_