

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

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.
 If a case number is provided only students need to be listed in Part 3.

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		
				\$0	any other	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly	twice a month	monthly	\$250	twice a month	monthly	twice a month	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: _____ Not confirmed _____ Department of Human Services _____ Notice of Eligibility		Income \$ _____ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual		Verification Result _____ Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change	
Confirmed: _____ _____ _____		Wage Stubs Written Documents Collateral Contact Agency Records Other _____		Reason for Eligibility Change: _____ Income _____ Household Size _____ Refused to Cooperate _____ 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: \$ _____ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual	Reason for Denial: _____ Income Too High _____ Incomplete Application _____ Other (specify) _____
Number of Children Free _____ Number of Children Reduced _____ Number of Children 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: _____	