

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN					Part 2. BENEFITS
Names of <u>all</u> children (First, Middle Initial, Last)	School	Student ID or Grade	Check if Foster Child	Check if NO income	List SNAP, FEP, or FDPIR case # for child household member (if any). Skip to Part 5 if you list a case #.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<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 2. BENEFITS If any member of your household receives **SNAP, FEP, or FDPIR** other than those listed above, provide the name and case # for the person who receives benefits and skip to part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ CASE NUMBER: _____

PART 3. If any child you are applying for is **HOMELESS, MIGRANT, or a RUNAWAY** check the appropriate box.
 HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (LIST ALL OTHER FAMILY MEMBERS, INCLUDING CHILDREN WITH INCOME)

1. NAME	Check if NO income	2. HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
		Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 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 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 children may lose meal benefits, and I may be prosecuted.*

Sign here: _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: ***-**-____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

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
 Household size: _____ Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year*
 Categorical Eligibility: _____ Eligibility: Free__ Reduced__ Denied__ Reason: _____
 Determining Official's Signature: _____ Date: _____ Error Prone: Date Withdrawn: _____
 Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____