

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Complete one application per household and one application for each foster child.

## Part 1. Children in School

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP (formerly Food Stamp) (not EBT card #) or TANF Case # (if any)																	

**Part 2.** If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call (school food service contact) at (phone number). Homeless  Migrant  Runaway

**Part 3. Foster Child – Use a separate application for each foster child.**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Write "0" if foster child has no personal use income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often.**

A. Name (List everyone in household.)	B. List income. Circle how often it is received. (A – Annually, M – Monthly, BM – Bi-monthly, W – Weekly, BW – Bi-weekly)				C. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	A M BM W BW	A M BM W BW	A M BM W BW	A M BM W BW	
1.	\$ _____	\$ _____	\$ _____	\$ _____	
2.	\$ _____	\$ _____	\$ _____	\$ _____	
3.	\$ _____	\$ _____	\$ _____	\$ _____	
4.	\$ _____	\$ _____	\$ _____	\$ _____	
5.	\$ _____	\$ _____	\$ _____	\$ _____	
6.	\$ _____	\$ _____	\$ _____	\$ _____	
7.	\$ _____	\$ _____	\$ _____	\$ _____	

**Part 5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent 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 the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: x \_\_\_\_\_ Print name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number Date: \_\_\_\_\_

**Part 6. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other: \_\_\_\_\_

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

Don't fill out this part. This is for district/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: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_