

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 _____
 _____ Homelless _____ Migrant _____ Runaway _____ Skip Part 2 and 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 FDIPIR, 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
 _____ If a case number is provided only students need to be listed in Part 3.

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.

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		
				weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks	weekly	twice a month	every 2 weeks
Example: Jane Doe	Yes			\$0	\$600							\$250						
1	Yes			\$0														
2	Yes			\$0														
3	Yes			\$0														
4	Yes			\$0														
5	Yes			\$0														
6	Yes			\$0														
7	Yes			\$0														
8	Yes			\$0														

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

Home/Cell Phone	Work Phone	City	Zip Code	County
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 Official's 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 _____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____ _____ Monthly _____ 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 _____

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 12, 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

Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____ 4/11