

Date

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

HOW TO APPLY

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: Write the children's names, the Food Stamp, FIP, or FDPIR case numbers for those children, and the signature of an adult household member on the application. If your child(ren) is a member(s) of a Food Stamp, FDPIR, or FIP household, the child(ren) is automatically eligible to receive free meals. If Food Stamp, FIP or FDPIR case numbers are provided, they may be used to verify the current certification for whom free meal benefits are claimed.

FOSTER CHILD: Write the foster child's name, his/her personal income, and the signature of an adult on the application. Each foster child must have their own separate application.

ALL OTHER HOUSEHOLDS: The application must have the children's names and the names of all household members. List the amount of income each person received last month with the source of each person's income (example: pay, Social Security, etc.). The signature and the Social Security number of the person completing the application must be included (or the word "none" if that adult does not have a Social Security number).

OTHER INFORMATION

Privacy Act Information: Social Security Number

The Richard B. Russell National 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 meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. 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 for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

[See reverse for Income Chart and Application Instructions.](#)

Application Instructions:
Your children may qualify for free summer meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$19,240	\$1,604	\$802	\$740	\$370
2	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
Each additional person:	6,660*	555*	278*	257*	129*

If your entire household gets Food Stamps, FIP, or FDPIR, follow these instructions:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List child(ren)'s name, school, grade, check "Yes," and list a case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security number is not necessary.
- Part 7: Answer this question if you choose to.

If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security number is not necessary.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: List each child's name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each amount of income, by income type, received last month. Next to the amount circle how often the person received it (weekly, every two weeks, twice a month, or monthly).
 - *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income circle the last box "Circle if no income."

Part 5: An adult household member **must** sign and date the form, and list a **Social Security Number**, or check the box "I do not have a Social Security Number."

- Part 6: Skip this part.
- Part 7: Answer this question if you choose to.

SFSP Free Meals Family Application for Enrolled Sites

Use a separate application for each foster child.

Part 1 - Foster Child **YES** Child's spending money per month \$ _____ If none available, list \$0.
Only the foster child's spending money is counted as income on a foster child application.

Part 2 - Homeless **Migrant** **Runaway**
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the:
 District/School Homeless Liaison or Migrant Coordinator at _____.

Part 3 - The names of all children in the household in school or the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

**Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.
 If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.*

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name - List everyone in the household including students listed in Part 3	Earnings from work (Before taxes)				Welfare, child support, alimony				Pensions, retirement, Social Security				All other income				Circle if NO income		
	Weekly		Twice a Month		Weekly		Twice a Month		Weekly		Twice a Month		Weekly		Twice a Month				
<i>Example Jane Doe</i>	\$100	Every 2 weeks	Monthly	\$500	Every 2 weeks	Monthly	\$	Every 2 weeks	Monthly	\$	Every 2 weeks	Monthly	\$	Every 2 weeks	Monthly	\$	Every 2 weeks	Monthly	NO
1	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
2	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
3	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
4	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
5	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
6	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
7	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month	NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)
 If Part 4 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 meal 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 Phone	Work Phone	E-mail(optional)	

By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 6 - 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, and extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (Optional)
 Check one or more racial identities: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

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*Approval/Disapproval - This is for **sponsor** 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: \$ _____
 Week____, Every 2 Weeks____, Twice a Month____, Month____, Annual____
 Foster Child:____ Categorical Eligibility: _____ Eligibility: Free____ Reduced____ Denied____
 Temporary Free____ Time Period: _____ (expires after____ days)
 Reason for Denial: _____Income too High _____Incomplete Application _____Other (specify) _____
 Determining Official's Signature: _____ Date: _____ Date Withdrawn: _____