

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 (Use a separate application for each foster child.)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	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

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.

1. Name (List everyone in household.)	2. Last month's income and how often it was received				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: x _____ Print name: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

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

Mark one or more racial identities:

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Other: _____

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Don't 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

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: _____

Follow-up Official's Signature: _____ Date: _____