

FY 2010-2011 Free and Reduced-Priced School Meals Application (1 Form per Household)

If you have been notified *this school year* that your child is approved for free meals, do not complete this form

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Please call the following number if you need help: _____

1 STUDENT INFORMATION – Please print.

2 List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.

STUDENT'S NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO. IF APPLICABLE	TAFI/FDPIR CASE NO. IF APPLICABLE
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

3 FOSTER CHILD: Check box if applying for a foster child. **Complete a separate application for each foster child.**
 \$ _____ List the child's monthly personal use income. Write "0" if the child has no personal use income.
Required
 Skip Part 4 and complete Part 5. A social security number is not required for foster parents.

4 HOUSEHOLD MEMBERS AND INCOME: List all members not listed above. **If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.**

List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income		
	NO INCOME	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1 _____	<input type="checkbox"/>								
2 _____	<input type="checkbox"/>								
3 _____	<input type="checkbox"/>								
4 _____	<input type="checkbox"/>								

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. **If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.**

CHECK HERE: If children listed on the application are new to this school or did not receive free and reduced meals last year.

SOCIAL SECURITY NUMBER

I do not have a Social Security Number
 - -

X _____
 Signature of Adult Household Member

 Printed Name of Above Signature

 Street/Apt. Number

City _____ State _____ Zip _____

 Home Phone No. Work Phone No.

 P. O. Box No.

 Date Signed

6 CHILDREN'S ETHNIC & RACIAL IDENTITY - OPTIONAL

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell National 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 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 or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you 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 review, and law enforcement officials to help them look into violations of program rules.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly x 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ Frequency _____ Household size: _____		DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	
TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____		APPLICATION APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals _____ WITHDRAWAL DATE	
VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) _____ Signature of Confirming Official _____		Signature of Verifying Official: X _____ Date _____	
Signature of Determining Official: X _____		Date Approved: _____ Date Notice Sent: _____	
Date 1st Notification Sent: _____		Date 2 nd Notification Sent: _____	