

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

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, FEP or FDPIR case # (if any). Skip to Part 5 if you list a Food Stamp, FEP or FDPIR case # | Student ID |
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Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box.

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: \$_____. 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 and the income each earns or check the box at the right if they have no income | 2. Gross 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 | | All Other Income (Self Employment) | | | |
| | Income | How often | Income | How often | Income | How often | Income | How often | | |
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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 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 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:

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

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