

2014-2015 SCHOOL YEAR 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 _____
 _____ Homeless _____ 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 FDPIR, 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.
Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

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	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks
Example: <i>Jane Doe</i>	Yes			\$0	\$600	monthly			\$250	twice a month		
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

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	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 Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
 Individuals who are deaf, hard of hearing 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 Officials Signature: _____		Follow-up Official's Signature: _____		_____	
Response Due from Household: _____		Verification Official's Signature: _____		_____	
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Confirmed: <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change	Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____	

APPROVAL/DISAPPROVAL - FOR SCHOOL 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: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
Determining Official's Signature: _____		Date: _____
Sponsor/School Name: _____		Date Dropped/Withdrawn: _____
_____		Recipient Code/Agreement Number: _____