

SCHOOL YEAR 2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION – ONE APPLICATION PER HOUSEHOLD

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	Name of School	Grade	Student		Check if a foster child (legal responsibility of welfare agency or court)
			Income	How Often	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives benefits go to part 3.

Name: _____ Case Number: 00 _____

PART 3. HOMELESS, MIGRANT, OR RUNAWAY

If any child you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at 636-456-4311/Debbie Linke

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List Everyone in Household Not Listed in Part 1) Please attach an additional page if needed.	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, SSI, VA Benefits		All Other Income		
	Income	How Often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

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: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Last 4 digits of Social Security Number: *** - ** - _____ I do not have a Social Security Number

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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 reviews, and law enforcement officials to help them look into violations of program rules.

PART 6. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

DO NOT FILL OUT THIS SECTION. 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 (Use Only if Multiple Income Frequency)

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____

Food Stamps/Temporary Assistance

Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Temporarily: Free Reduced Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

Verification Complete Date: _____ Signature: _____