

Check here if you received meal benefits last year.

2014-15 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign and return this application to _____

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.
If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box. Homeless Migrant

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.
							\$						Case # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
							\$						Case # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
							\$						Case # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
							\$						Case # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
							\$						Case # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. List the names of all other household members - Enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.

Names of ALL other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.
			\$					\$					\$					\$					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			\$					\$					\$					\$					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			\$					\$					\$					\$					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			\$					\$					\$					\$					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			\$					\$					\$					\$					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. Total Household Members (include all people living in your household): _____
4. Signature and Social Security Number – 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. I understand my child's eligibility status may be shared as allowed by law.

 Printed Name of Adult Household Member

 Mailing Address

 Street Address

 City & Zip Code

 Home Phone

 Work/Cell Phone

Last 4 digits of your social security number: _____
 OR, if you do not have a social security number, check the box:

 Adult Household Member Signature

 Date

 Email Address

5. Children’s Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

6. Other Benefits – Please check the box in front of the programs that you wish to share your child’s free or reduced price meal status with in order to qualify for a reduction in fees:

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

Parent/Guardian Signature

Date

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 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 (Basic Food), 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.

**SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child (categorically free)

Total Household Size _____

Total Household Income \$ _____

Income Approved by (check one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date