

2009-2010 FAMILY APPLICATION FOR FREE AND REDUCED PRICED SCHOOL MEALS

To apply for free or reduced priced school meals for the **2009-2010** school year, complete this form and return it to the school office. **YOU NEED ONLY COMPLETE ONE APPLICATION PER HOUSEHOLD.** READ INSTRUCTIONS ON BACK. USE **BLACK OR BLUE INK ONLY**. PRINT NEATLY. USE CAPITAL LETTERS (SEE SAMPLE ON BACK). Returning this application does not guarantee approval.

SECTION 1				ONLY LIST CHILDREN ENROLLED IN THIS DISTRICT			RMH: R = Runaway M = Migrant H = Homeless : check the appropriate box and see note on back			Grade: PS = Pre-School K = Kindergarten		SECTION 2			
Student's Birth Date	Student's First Name	Student's Last Name	R	M	H	Grade	School Building	Food Assistance Number / FAP / SNAP							
MM DD YY															
MM DD YY															
MM DD YY															
MM DD YY															
MM DD YY															

SECTION 3		FOSTER CHILD (check box). Complete a SEPARATE application for EACH foster child (a child who is the legal responsibility of a welfare agency or court) AND SKIP TO SECTION 5. Enter the amount of the child's personal use income (exclude occasional or part-time jobs like babysitting.)						Personal Use Monthly Income Foster Case Number (write '0.00' if child has none) (Optional)	
Student's Birth Date	Student's First Name	Student's Last Name	Grade	School Building	Income	Case Number			
MM DD YY									

SECTION 4 LIST EVERYONE IN THE HOUSEHOLD INCLUDING YOURSELF, YOUR SPOUSE, ALL CHILDREN, GRANDPARENTS, RELATIVES AND UNRELATED ADULTS. Income is all money received before anything is taken out. Income must be listed on the same line with each person's name. Report dollars and cents of income. If no income, LEAVE THE INCOME BOXES BLANK and place an X in the "no income" box. Please make sure to fill in the Income Frequency Box (see chart below for frequency codes).									
Total Household Members	No income	Enter Income and Income Frequency Code Below (FC): 1 = Weekly, 2 = Every 2 weeks, 3 = Twice a Month, 4 = Monthly, 5 = Annual							
FIRST NAME LAST NAME		Gross earnings before deductions from all jobs	FC	Welfare payments, child support, alimony	FC	Pension, Soc Sec, child SSI, perm disability	FC	Other income	FC
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								
FIRST NAME LAST NAME	<input type="checkbox"/>								

Check this box only if you are reporting a temporary reduction in your normal monthly income.

SECTION 5 An ADULT household member MUST SIGN and enter his or her social security number or check the "NO SSN" box. (See Privacy Act Statement on the back of this page). I certify (promise) all of the above information 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 benefits, and I may be prosecuted.									
Signature: X	Date:	Adult Social Security Number	No SSN	Home Phone:	Work Phone:				
Print Name:	Address:	City:	State:	Zip:	Email:				