

INSTRUCTIONS TO COMPLETE SCHOOL'S FAMILY APPLICATION FOR FREE AND REDUCED PRICED SCHOOL MEALS

PRIVACY ACT INFORMATION – SOCIAL SECURITY NUMBER: Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP/FDPIR (formerly AFDC) case number is provided, you must include the social security number of the adult household member signing the Statement or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the Application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the Application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP/FDPIR benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

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 discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800)795-3272 or (202)720-6382. (TTY) USDA is an equal opportunity provider and employer.

SAMPLE LETTERING FOR COMPLETING FORM: Use BLACK or BLUE ink. Print Neatly. Use CAPITAL LETTERS. Stay within the lines.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9
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NOTES:

1. If your children have been Pre-Approved, you do not need to send in an application. If you choose to send in an application, it may result in a new determination of meal benefits based upon the information provided.
2. Unless you have received notice that you have been Pre-Approved, free and reduced-price meals are not permitted without an application. This includes Food Assistance or foster children applications.
3. A new application must be submitted each year.
4. Allow 10 working days for processing.
5. Until your application is processed, you will need to pack a lunch for your child or give them money to purchase school meals at the prices listed on the letter sent with this form.
6. WIC participants may be eligible for free or reduced priced meals.

SECTION 1 & 2

STUDENT INFORMATION: All households complete this part. *Do not complete if you ONLY HAVE A FOSTER CHILD.*

1. List the date of birth of EACH child.
2. List the legal first and last name of EACH child.
3. Check the appropriate box if this child is either Homeless, Migrant or a Runaway
4. List child's grade and school building. In the grade boxes, use **PS** for preschool and **K** for kindergarten.
5. List Food Assistance Program number for each child. If a child does not have a number, leave the boxes blank.

If EVERY child listed on the application has a Food Assistance number, you may skip Section 4. You MUST fill out Section 4 if one or more students on the list DOES NOT have a Food Assistance number.

SECTION 3

FOSTER CHILD DEFINITION: A child under the legal responsibility of a welfare agency or court.

1. Fill out ONE application for EACH foster child.
2. Check box when completing this section.
3. List foster child's birth date, first and last name, grade and school building. In the grade box, use **PS** for preschool and **K** for kindergarten.
4. Personal Use Income must be completed with an amount or '0'.
5. Write in foster care license number. (Optional)
6. Do not fill out Sections 1, 2 or 4. DO COMPLETE Section 5.

SECTION 4

HOUSEHOLD MEMBER INFORMATION: Do not fill out this section if this is an application for a foster child.

1. Write the legal name of each person living in your house.
2. If a person living in your house does not have any income, place an "X" in the "No Income" box.
3. Write the income amount for **each household member** in each appropriate box. *If no income, LEAVE THE BOX BLANK- DO NOT ENTER '0.00' AND DO NOT DRAW A LINE THROUGH THE BOXES.*
4. For EACH income you enter, you **MUST** indicate **how often you receive this income** (Freq): **1 = Weekly, 2 = Every 2 Weeks, 3 = Twice a Month, 4 = Monthly, 5 = Annually**
5. Total the number of people in Section 4. Place that total number in the box provided at the top of this section.
6. If you are experiencing a temporary reduction in your normal income please indicate so by placing an "X" in the appropriate box. You may be eligible for temporary benefits during this period even if your normal level of income would not qualify you for benefits.

SECTION 5

SIGNATURE, SOCIAL SECURITY NUMBER AND CONTACT INFORMATION:

1. A signature of the adult household member completing this application is required. If you do not sign, your application cannot be processed. If Section 4 is required, the person signing must be one of the household members listed in Section 4.
2. Print your name and the date on the line provided.
3. Write your Social Security number in the boxes provided. If you do not have a Social Security number, check the box provided. If you are applying for a foster child, a Social Security number is NOT needed.
4. Fill in your current contact information.

RACE / ETHNIC IDENTITY (optional): Complete this section, if you wish. You are not required to answer this section to get free or reduced-priced meals.

RACE IDENTITY Mark one or more American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

ETHNIC IDENTITY Mark one Hispanic or Latino Neither Hispanic or Latino

Identified by: Adult Household Member Institution Representative