

How to Apply for Reduced Price or Free School Meals

If your household gets **FOOD ASSISTANCE/FOOD STAMPS, TAF or FDP**IR, follow these instructions:

Part 1:

- Enter each student's first and last name.
- Enter each student's school and grade.
- Enter a Food Assistance/Food Stamp, TAF or FDPIR case number for each student.

Part 2: Sign and date the form. A Social Security number is not necessary.

If you are applying for a **FOSTER CHILD**, follow these instructions:

Part 1: Use a separate application for each foster child.

- Check the box on line 1.
- Enter the student's first and last name.
- Enter the student's school and grade.
- Check the box if the student has zero personal use income.
- If the student has personal use income, enter the amount and circle the Frequency code that shows how often the income is received.

Part 2: Sign and date the form. A Social Security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Report the names and GROSS income for all household members from last month. Gross income is the amount earned **BEFORE** taxes and any other deductions. This is **NOT** the same as take-home pay. The gross amount should be listed on the pay stub.

• **Students:**

- Enter the student's first and last name
- Enter the student's school and grade.
- Check the box if the student has zero income.
- If the student has income, record the amount in the column that best describes the source of the income (i.e. Earnings from Work or Other Regular Income) and circle the Frequency code that shows how often the income is received.

• **All Other Household Members:**

- List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). Include yourself and all children living with you who are not already listed as students. Attach another sheet of paper if more space is needed.
- Check the box if the person has **zero income**.
- List the **gross income** the person earned from work and circle the Frequency code that shows how often the income is received.
- List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Circle the Frequency code that shows how often the income is received.
- If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
- If the household is in the **Military Housing Privatization Initiative** do **NOT** include this housing allowance.

• Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

Part 2: An adult household member must sign the form and list his or her Social Security number or write "NONE" if he or she does not have one.

2009-2010 Application for Child Nutrition Program Benefits

Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per foster child OR household. Return completed application to school.

1. HOUSEHOLD MEMBERS				GROSS INCOME BEFORE ANY DEDUCTIONS					
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in this district.		Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly		Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.		
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDIPIR Case Number	Earnings from Work		Other Regular Income	
						Amount	Circle Frequency	Amount	Circle Frequency
1. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
2. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
3. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
4. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
5. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
6. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
7. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
8. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
9. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y
10. <input type="checkbox"/>						\$	W E2 2M M Y	\$	W E2 2M M Y

2. ADULT HOUSEHOLD MEMBER INFORMATION – Refer to the Privacy Act Statement on the reverse side of this application.

Print Name _____ Daytime Phone _____ Evening Phone _____

Address, City, State, Zip _____ Email _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Social Security Number (SSN) _____ OR write NONE if you have no SSN Date _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

<p>Application Type (check one)</p> <p><input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____</p> <p>Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly</p> <p><input type="checkbox"/> Food Assistance/Food Stamps or TAF or FDIPIR</p> <p><input type="checkbox"/> Foster Child – Annual personal use income: \$ _____</p>	<p>Application Status</p> <p>Approved..... <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price</p> <p>Temporarily Approved... <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Expires On: _____</p> <p>Denied..... <input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing: _____</p> <p>Notes: _____</p>
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Determining Official's Signature: _____ Approval/Denial Date: _____ Notification Date: _____

Processor's Initials: _____ Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____