

## How to Apply for Reduced Price or Free School Meals

If your household gets **FOOD ASSISTANCE, TAF or FDPIR**, follow these instructions:

**Part A: Use a separate application for each foster child.**

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

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

**Part C:** Complete this part if you choose to.

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

**Part A:** Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.
- Food Assistance, TAF or FDPIR case number for any household member receiving benefits. A Medicaid number cannot be accepted.

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

**Part C:** Complete this part if you choose to.

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

**Part A: 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, school and grade.
  - Check the zero income box if the student has **no 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 zero income box if the person has **no 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** or gets combat pay, do NOT include these allowances as income.
  - Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

**Part B:** 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.

**Part C:** Complete this part if you choose to.

## 2010-2011 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.

A. 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 <Enter Sponsor's Name>.			Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly					
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work			Other Regular Income		Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
							Amount	Circle Frequency	Amount	Circle Frequency		
1. <input type="checkbox"/>						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
2.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	

**B. 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 \_\_\_\_\_

**C. Ethnic Identity** (optional) – Check one:  Hispanic or Latino  NOT Hispanic or Latino

**Racial Identity** (optional) – Check one or more:  Asian  White  Black or African American  American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Other

**FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.**

**Application Type** (check one)

Total Household Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly  
 Food Assistance or TAF or FDPIR  
 Foster Child – Annual personal use income: \$ \_\_\_\_\_

**Application Status**

Approved..... Free OR  Reduced Price  
 Temporarily Approved... Free OR  Reduced Price Expires On: \_\_\_\_\_  
 Denied..... Income over allowed amount  Incomplete/missing:

Notes: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_

Approval/Denial Date: \_\_\_\_\_

Notification Date: \_\_\_\_\_

Processor's Initials: \_\_\_\_\_

Confirming Official's Signature (ONLY for applications to be verified): \_\_\_\_\_

Review Date: \_\_\_\_\_

Your children may qualify for reduced price or free meals if your household income falls within the limits on this chart.

<b>Federal Income Eligibility Guidelines</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice a Month</b>	<b>Every 2 Weeks</b>	<b>Weekly</b>
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person:	6,919	577	289	267	134

**Income from Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12     \$ \_\_\_\_\_ Business Income or (Loss)  
 LINE 13     \$ \_\_\_\_\_ Capital Gain or (Loss)  
 LINE 14     \$ \_\_\_\_\_ Other Gains or (Losses)  
 LINE 17     \$ \_\_\_\_\_ Rental real estate, royalties, partnerships, S corporations, trusts, etc.  
 LINE 18     \$ \_\_\_\_\_ Farm Income or (Loss)  
 TOTAL       \$ \_\_\_\_\_ **Report annual income in Part 1, Gross Income Before Any Deductions.**

**Privacy Act Statement: 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 reduced price or free meals. You must include the Social Security number of the adult household member who signs the application. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Assistance/Food Stamp Program, Temporary Assistance for Families (TAF) 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 reduced price or free 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.

**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 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.