

**APPLICATION INSTRUCTIONS:**

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

| Total Family Size                      | Annual   | Monthly | Twice per Month | Every Two Weeks | Weekly  |
|--|----------|---------|-----------------|-----------------|---------|
| 1                                      | \$20,147 | \$1,679 | \$840           | \$775           | \$388   |
| 2                                      | \$27,214 | \$2,268 | \$1,134         | \$1,047         | \$524   |
| 3                                      | \$34,281 | \$2,857 | \$1,429         | \$1,319         | \$660   |
| 4                                      | \$41,348 | \$3,446 | \$1,723         | \$1,591         | \$796   |
| 5                                      | \$48,415 | \$4,035 | \$2,018         | \$1,863         | \$932   |
| 6                                      | \$55,482 | \$4,624 | \$2,312         | \$2,134         | \$1,067 |
| 7                                      | \$62,549 | \$5,213 | \$2,607         | \$2,406         | \$1,203 |
| 8                                      | \$69,616 | \$5,802 | \$2,901         | \$2,678         | \$1,339 |
| *Each additional household member add: | \$7,067  | \$589   | \$295           | \$272           | \$136   |

**IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
- Part 3: List child(ren)'s name, grade, and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

**FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS:** (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
  - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
  - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
  - Column 3 - Grade: Fill in the grade for each child attending school.
  - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: Next to each person's first and last name, list each type of income received last month. *Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
  - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
  - o *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should ONLY be reported for self-owned business, farm, or rental income.
  - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
  - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
  - o *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 -** If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at \_\_\_\_\_  
Homeless \_\_\_\_\_ Migrant \_\_\_\_\_ Runaway \_\_\_\_\_  
 List the Child's Name, Grade, and Building in Part 3.

**Part 2 -** If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers  
 If a case number is provided only students need to be listed in Part 3.

**Part 3 - Household Names -** List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you *must* be listed.

| Names             | Circle Yes if Foster Child | Grade (if applicable) | Building Name (if applicable) | Circle if NO Income |        | Earnings from Work (before any deductions and taxes) |                          | Welfare, Child Support, Alimony |                          | Pensions, Retirement, Social Security |                          | All Other Income        |                          |
|-------------------|----------------------------|-----------------------|-------------------------------|---------------------|--------|--|--------------------------|---------------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------|--------------------------|
|                   |                            |                       |                               | \$0                 | Income | weekly<br>twice a month                              | every 2 weeks<br>monthly | weekly<br>twice a month         | every 2 weeks<br>monthly | weekly<br>twice a month               | every 2 weeks<br>monthly | weekly<br>twice a month | every 2 weeks<br>monthly |
| Example: Jane Doe | Yes                        |                       |                               | \$0                 |        | \$600  | twice a month<br>monthly |                                 |                          | \$250                                 | twice a month            |                         |                          |
| 1                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 2                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 3                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 4                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 5                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 6                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 7                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |
| 8                 | Yes                        |                       |                               | \$0                 |        |  | weekly<br>twice a month  |                                 |                          |                                       | weekly<br>twice a month  |                         |                          |

**Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)**  
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  
 I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

**Part 6 - Child's Racial/Ethnic Identity (optional)**

Check One or More Racial Identities:

American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 White  
 Other

Check One Ethnic Identity:

Hispanic or Latino  
 Neither Hispanic or Latino

Privacy Act Information: Social Security Number \_\_\_\_\_

The Richard B. Russell 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 (4) digits of 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, list a FAP or FIP case number or other FDP/IR identifier for your child, or 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.

**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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**VERIFICATION - FOR SCHOOL USE ONLY**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Date Selected for Verification: _____  |  | Date Follow-up/Second Notice: _____   |  | Date of Adverse Notice Sent: _____   |  |
| Confirming Official's Signature: _____   |  | Follow-up Official's Signature: _____   |  | _____  |  |
| Response Due from Household: _____   |  | Verification Official's Signature: _____  |  | _____  |  |
| FAP/FIP/FDPIR/Foster Eligibility:<br><input type="checkbox"/> Not confirmed<br><input type="checkbox"/> Department of Human Services<br><input type="checkbox"/> Notice of Eligibility |  | Income<br>\$ _____<br>Weekly _____<br>Every 2 weeks _____<br>Twice a month _____<br>Monthly _____<br>Annual _____ |  | Verification Result<br><input type="checkbox"/> Free to Reduced<br><input type="checkbox"/> Free to Paid<br><input type="checkbox"/> Reduced to Free<br><input type="checkbox"/> Reduced to Paid<br><input type="checkbox"/> No Change |  |
|  |  | Wage Stubs _____<br>Written Documents _____<br>Collateral Contact _____<br>Agency Records _____<br>Other _____    |  | Reason for Eligibility Change:<br><input type="checkbox"/> Income<br><input type="checkbox"/> Household Size<br><input type="checkbox"/> Refused to Cooperate<br><input type="checkbox"/> Other _____                                  |  |

**APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY**

|  |   |
|--|---|
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12  |   |
| Household Size: _____<br><br>Total Gross Income: \$ _____<br>Weekly _____<br>Every 2 Weeks _____<br>Twice a Month _____<br>Monthly _____<br>Annual _____             | Reason for Denial:<br><input type="checkbox"/> Income Too High<br><input type="checkbox"/> Incomplete Application<br><input type="checkbox"/> Other (specify) _____ |
| Number of Children Free _____<br>Number of Children Reduced _____<br>Number of Children Paid _____<br>Temporary Free - Time Period: _____ (expires after _____ days) |   |
| Determining Official's Signature: _____  | Date: _____   |
|  | Date Dropped/Withdrawn: _____   |