

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) OR TANF** FOLLOW THESE INSTRUCTIONS:

Part 1: List all children and the name of school for each child. For children not enrolled in school list N/A under the name of school.

Part 2: List the case number for any household member (including adults) receiving SNAP, TANF or FDPIR benefits.

Part 3 & 4: Skip these parts.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT OR RUNAWAY**, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their name and number are listed on the cover letter sent with this application.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

IF YOU ARE APPLYING FOR A **FOSTER CHILD**, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2, 3, & 4: Skip these parts.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

If some of the children in the household are foster children:

Part 1: List all children and the name of school for each child. Check the "No Income" box for children with no income. Check the box if the child is a foster child. Foster payments received by the family from the placing agency are *not* considered income.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison, migrant coordinator). Their name and number are listed on the cover letter sent with this application. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, the amount earned *before* taxes and other deductions. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List children and the name of school for each child. For children not enrolled in school list N/A under the name of school. Check the "No Income" box for children with no income.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless coordinator. Their number is listed on the cover letter sent with this application. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all other household members. Check the "No Income" box if they receive no income.
- **Box 2—Gross Income and How Often It Was Received:** See Part 4, box 2 above for more information.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN					Part 2. BENEFITS
Names of <u>all</u> children (First, Middle Initial, Last)	School	Student ID or Grade	Check if Foster Child	Check if NO income	List SNAP, TANF, or FDPIR case # for child household member (if any). Skip to Part 5 if you list a case #.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

PART 2. BENEFITS If any member of your household receives **SNAP, TANF, or FDPIR** *other* than those listed above provide the name and case # for the person who receives benefits and skip to part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ CASE NUMBER: _____

PART 3. If any child you are applying for is **HOMELESS, MIGRANT, or a RUNAWAY** check the appropriate box.

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (LIST ALL OTHER FAMILY MEMBERS, INCLUDING CHILDREN WITH INCOME)

1. NAME	Check if NO income	2. HOW MUCH AND HOW OFTEN IT WAS RECEIVED							
		Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
		Income	How Often	Income	How Often	Income	How Often	Income	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number** or mark 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 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 meal benefits, and I may be prosecuted.*

Sign here: _____ **Print name:** _____ **Date:** _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Last four digits of Social Security Number: * * * _ * * _ _____ **I do not have a Social Security Number**

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Income: Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Household size: _____ Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year*

Income Eligibility: Free _____ Reduced _____ Error Prone _____ (*document for error-prone/focused verification methods only*)

Directly Certified Free: DCA SNAP _____ (supersedes all sources) Direct Cert TANF/FDPIR/Homeless/Migrant/Runaway/Foster/Administrative _____

Categorically Free (not in DCA): SNAP Letter but *not* Direct Cert _____ Categorically Free Case # on Application but *not* Direct Cert _____

Denied _____ Reason: _____ Date Voluntarily Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ (verification only)

Verifying Official's Signature: _____ Date: _____ (verification only)

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



FEDERAL ELIGIBILITY INCOME CHART			
School Year 2013-2014			
Household size	Yearly	Monthly	Weekly
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each additional	7,437	620	144

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 free or reduced price meals. You must include the last four 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 or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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. Note: USDA and FNS do not evaluate, recommend, approve or endorse any software used for certification or verification purposes. There are no Federal specifications for software vendors. LEAs are responsible for assuring that the certification and verification processes meet all regulatory requirements and policies including the calculation of income frequencies discussed in Par 3, Section E. Therefore, if software is used to perform all or part of the certification or verification process, the LEA must assure the software used is performing correctly and meets all requirements. Because of the statutory change requiring only 4 digits of a social security number, the Privacy Act statement is no longer required. In lieu, the Use of Information Statement must be provided on the application. Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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 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 discrimination 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."