

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Part 1. Child in School					
Name of child in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or OWF case # (if any)		
If you listed a Food Stamp/OWF case number for this child, skip to Part 4.					
Part 2. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.					
Part 3. Total Household Income from Last Month – You must tell us how much and how often					
1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	<input type="checkbox"/>
<i>(Example)</i> <i>Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____.	<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 4. Signature and Social Security Number (Adult must sign)					
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list 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>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 child may lose meal benefits, and I may be prosecuted.</i>					
Sign Here: X _____					
Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number					
Part 5. Child's racial and ethnic identities (optional)					
Mark one or more racial identities:					
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
Mark one ethnic identity:					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Don't fill out this part. This is for school use only.					
Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice a Month x 2					
Monthly Income: _____ Household size: _____ FS/OWF _____ Date Withdrawn: _____					
Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____					
Temporary: Free _____ Reduced _____ Temporary Until: _____ (expires after ____ days)					
Approval Official's Signature: _____ Date: _____					