

**Part 6 - Foster Children** *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: \_\_\_\_\_ (optional)

A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**Part 7 - Child's Racial/Ethnic Identity (optional)**

Check one or more racial identities:

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

Check one ethnic identity:

 Hispanic or Latino  
 Neither Hispanic nor Latino
**Privacy Act Information: Social Security Number**

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 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, 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 discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**Verification - This is for school use only**

Date Selected for Verification: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Response Due from Household: \_\_\_\_\_

Date Follow-up/Second Notice: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_

**Sample Selection:**
 Standard Basic  
 Alternate-Random  
 Alternate-Focused
**FAP/FIP Eligibility:**
 Not Confirmed  
 Confirmed:  
 Department of Human Services  
 Notice of Eligibility
**Income**
 \$ \_\_\_\_\_  
 Weekly                       Wage Stubs  
 Every 2 Weeks               Written Documents  
 Twice a Month               Collateral Contact  
 Monthly                       Agency Records  
 Annual                       Other \_\_\_\_\_
**Verification Result:**
 Free to Reduced  
 Free to Paid  
 Reduced to Free  
 Reduced to Paid  
 No Change
**Reason For Eligibility Change:**
 Income  
 Household Size  
 Refused to Cooperate  
 Other \_\_\_\_\_

 Date Adverse Notice Sent: \_\_\_\_\_  
 Verification Official's Signature: \_\_\_\_\_
**Approval/Disapproval - This is 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: \_\_\_\_\_

Total Gross Income: \$ \_\_\_\_\_

 Foster Child  
 Categorical Eligibility  
 Weekly  
 Every 2 Weeks  
 Twice a Month  
 Monthly  
 Annual
**Reason for Denial:**
 Income too High  
 Incomplete Application  
 Other (specify) \_\_\_\_\_
**Eligibility:**
 Free  
 Reduced  
 Paid  
 Temporary Free- Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

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

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

Date Dropped/Withdrawn: \_\_\_\_\_

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 - Foster Child**  Yes Child's spending money per month \$ \_\_\_\_\_. If none available, list \$0.  
*Only the foster child's spending money is counted as income on a foster child application.  
 Complete a separate application for each foster child.*

**Part 2 -**  Homeless  Migrant  Runaway  
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the district/school Homeless Liaison or Migrant Coordinator at: \_\_\_\_\_

**Part 3 - The names of all students in the household in school**

New Student	Student's Name	School Name	Grade	Does your child receive Food Assistance Program/Family Independence Program/FDPIR?*	
				If "Yes," you must list a case number.	
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case#

\*Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.  
 If you listed a Food Assistance Program/Family Independence Program/FDPIR case number for EACH child, skip to Part 5.

**Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.**

Name - List everyone in the household including students in Part 3.	Earnings from work (before any deductions and taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income			Circle if NO income
	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	
Example Jane Doe	600	twice a month	monthly	\$	twice a month	monthly	250	twice a month	monthly	\$	twice a month	monthly	\$0
1	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
2	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
3	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
4	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
5	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
6	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
7	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0

**Part 5 - Signature and Social Security Number (Adult household member must sign)**

If Part 4 is completed, the adult signing the form must also list 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 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.*

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

**Adult Social Security Number:** \_\_\_\_\_  I do not have a Social Security Number.

Address	City	Zip Code	County
Home Phone	Work Phone	Email	

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