

Part 1: Children in School (Use a separate application for each foster child)			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP (formerly Food Stamps) or TANF or FDPIR case number for each child. (Not EBT number)

If you listed a SNAP (formerly Food Stamp)/TANF/FDPIR case number for EACH child, skip to Part 4.
Complete Part 3 for any child without a case number.

Part 2: Foster Child/Institutionalized Child

Check this box if this application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ _____. If there is no income, record "0". Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

1. Name List everyone in household and the income each earns <u>or</u> check the box at the right if they have no income	2. Gross Income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income (Self Employment)			
	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"/>
										<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/her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)
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: _____
 Address: _____ Zip: _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 5. Children's racial and ethnic identities (optional)

Mark one ethnic identity: -- and -- Mark one or more racial identities:
 Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaska Native

Do not fill out this part. For School use only.

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Total Household Size _____ Free Temporary Approval for Zero Income Until: _____

Total Income \$ _____ per _____ Reduced Results of Follow-up (45 days or less): _____

Year Month 2 X Mo. Every 2 Wks Week

SNAP (formerly Food Stamps)/FDPIR/TANF Denied Reason for Denial: _____ Follow-up Signature _____ Date: _____

Foster/Institutionalized Child Income too high Incomplete App. Date Withdrawn from School: _____

Signature of Determining Official _____ Date Approved: _____

Signature of Confirming Official (Verification only) _____ Date Confirmed: _____

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

FEDERAL INCOME CHART					
For School Year 2009-10					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
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

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

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 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. 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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.