

Check here if you received meal benefits last year.

**2016-17 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

**Complete, sign, and return this application to:**

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.  
**If any child you are applying for is homeless (McKinney-Vento) or migrant, check the appropriate box.**  Homeless  Migrant

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	2 X Month	Monthly	Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number and check the appropriate box.			
												Basic Food	TANF	FDPIR	
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.

Names of ALL other household members (do not include names of students listed above)	Foster Child	Earnings from work (before any deductions)	Weekly				Child Support, Alimony	Weekly				Pensions, Retirement, Social Security (SSI)	Any Other Income Not Already Listed				Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number.		
			Every 2 Weeks	2 X Month	Monthly	Weekly		Every 2 Weeks	2 X Month	Monthly	Weekly		Every 2 Weeks	2 X Month	Monthly	Basic Food		TANF	FDPIR
		\$				\$				\$							<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"/>
		\$				\$				\$							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Total Household Members (include all people living in your household): \_\_\_\_\_

4. Signature and Social Security Number – 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. I understand my child's eligibility may be shared as allowed by law.

Last 4 digits of your social security number: \_\_\_\_\_  
 OR, if you do not have a social security number, check the box:

\_\_\_\_\_  
 Printed Name of Adult Household Member

\_\_\_\_\_  
 Adult Household Member Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City & Zip Code

\_\_\_\_\_  
 Work/Cell Phone

\_\_\_\_\_  
 Street Address (if available)

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Email Address

**5. Children's Racial and Ethnic Identities (Optional)**

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**6. Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees:**

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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 last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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This institution is an equal opportunity provider.

**SCHOOL USE ONLY  
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

**LEA APPROVAL**

Basic Food/TANF/FDPIR/Foster

Income Household

Total Household Size _____	Weekly	Every Two Weeks	Twice Per Month	Monthly	Annual
Total Household Income \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>APPLICATION APPROVED FOR:</b></p> <p><input type="checkbox"/> Free Meals</p> <p><input type="checkbox"/> Reduced-Price Meals</p>	<p><b>APPLICATION DENIED BECAUSE:</b></p> <p><input type="checkbox"/> Income Over Allowed Amount</p> <p><input type="checkbox"/> Incomplete/Missing Information</p> <p><input type="checkbox"/> Other: _____</p>
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\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date