

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of ALL Household Members (First, Middle Initial, Last)	Name of each child's school/or indicate "NA" if child is not in school	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to Part 4 to sign this form.					Place a check in the box if NO Income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES STATE SNAP OR TANF, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

Name: _____ Program Name: _____ Case Number: _____
(Not EBT Card Number)

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
(List ONLY Household members with Income)	Earnings from Work before Deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, Retirement Benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
	<i>(Example) Jane Smith</i>	\$200.00	X				\$150.00		X			\$0					\$0			
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 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 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. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number(s): _____ / _____

Last four digits of Social Security Number: * * * - * * _____

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART - 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

Total Income: \$ _____ Per: Week Every 2 Weeks Twice A Month Month Year Household Size: _____

Categorical Eligibility: _____ Eligibility: Free Reduced Denied Date Withdrawn: _____

Reason for Denial or Withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

**FEDERAL ELIGIBILITY INCOME CHART
FOR SCHOOL YEAR 2014-2015**

Household Size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person: Add (+)	\$7,511	\$626	\$145

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

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 (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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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