

Free and Reduced Price School Meals Family Application

Part 1 - Foster Child **YES** **Child's spending money per month \$ _____ If none available, list \$0.
 Use 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 children in the household in school or The name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.*	
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____

*If you listed a Food Stamp/FIP/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	Earnings from work (Before taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income			Circle if NO income
	Weekly Every 2 weeks	Twice a Month Monthly		Weekly Every 2 weeks	Twice a Month Monthly		Weekly Every 2 weeks	Twice a Month Monthly		Weekly Every 2 weeks	Twice a Month Monthly		
<i>Example Jane Doe</i>	\$100	Weekly		\$500	Monthly								NO
1	\$	Weekly		\$	Weekly		\$			\$			NO
2	\$	Weekly		\$	Weekly		\$			\$			NO
3	\$	Weekly		\$	Weekly		\$			\$			NO
4	\$	Weekly		\$	Weekly		\$			\$			NO
5	\$	Weekly		\$	Weekly		\$			\$			NO
6	\$	Weekly		\$	Weekly		\$			\$			NO
7	\$	Weekly		\$	Weekly		\$			\$			NO

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		

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			
Household Size: _____	Total Gross Income: \$ _____	Week _____,	Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____
Foster Child: _____	Categorical Eligibility: _____	Eligibility: Free _____ Reduced _____ Denied _____	
Temporary Free _____ Time Period: _____ (expires after _____ days)			
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____			
Determining Official's Signature: _____		Date: _____	Date Withdrawn: _____