

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME						
Do not complete this section if you completed Part 1. List the names of <u>EVERYONE</u> living in your household, including yourself and any children listed in Part 2a. Write the amount of income (Earnings BEFORE DEDUCTIONS) each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. Income <b>must</b> be reported as weekly, every two weeks, twice a month, or monthly. Do not include foster children.						
NAMES of Household Members (First, MI, Last)	Earnings from Work (List Amount/How Often. Earnings before deductions)		Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)	Check if NO Income
	Job 1	Job 2				
(example) Jane I. Smith	List how much & how often: \$100/weekly \$100/every two weeks \$100 twice a month \$100/monthly					<input type="checkbox"/>
1.						<input type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>
4.						<input type="checkbox"/>
5.						<input type="checkbox"/>
6.						<input type="checkbox"/>

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income				
Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)		
<b>Mark one or more racial identities:</b> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black, or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	<b>Mark one ethnic identity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

**PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS**

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Please sign here: X _____		_____
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

**PART 6: FREE OR LOW-COST HEALTH INSURANCE**

If you would like to be contacted regarding FREE or low-cost health insurance for your child(ren), please sign the box below. Health coverage includes doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child(ren) has private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles.

By signing below, I authorize the use of information contained on this application for my child(ren) listed on the front of this document for the purpose of obtaining information on the free or low-cost health insurance program.

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

\_\_\_\_\_  
Date

**\*Privacy Act Statement: National School Lunch Act (Section 9)** - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

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

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by: weekly every two weeks twice a month monthly annual  
(circle one)

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Reduced-Price

Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date Notice Sent

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

\_\_\_\_\_  
Date

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Response Due From Household (also date of termination, if no response)			

INCOME		COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$			No Change	Income
	Wage Stubs		Free to Reduced	Household Size
	Written Documents		Ineligible	Did Not Respond
	Collateral Contact		Reduced-Price to Free	Other:
	Agency Records		Free to Paid	
	Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_

Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_

Date \_\_\_\_\_