

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Only one application per family is needed

Fy 2011-2012

Part 1. Children in School including foster children			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Foster Child – (Check if the child is considered as a legal responsibility of welfare agency or court) Note: If all children listed are foster children, skip to Part 5.
			<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 2. Benefits

If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and **case number** for the person who receives benefits and **SKIP to Part 5.**
Note: The EBT card number is not acceptable. If no one receives these benefits, SKIP to Part 3.

Name: _____ Case Number: _____

Part 3. Homeless, Migrant, Runaway Children

If the child you are applying for is homeless, migrant or runaway check the appropriate box and call your school, the Department of Child Nutrition at 828-884-6173, or Beth Branagan at 828-884-9567. Homeless Migrant Runaway

Part 4: Total Household Gross Income – You must tell us how much and how often

1. Name (List the names of EVERYONE in the household including the students listed above)	2. Gross Income and how often received (Use exact income including cents.) <i>Example: \$100.15 per month, \$100.97 twice a month, \$100.76 every other week, \$100.00 per week</i>				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income	
<i>(Example) Jane Smith</i>	Ex. \$200.50 per week	Ex. \$100.75 per week	Ex \$100.45 per Month	Ex \$75.00 per Month	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also 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 Privacy Act Statement on the parent letter.)

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: **X** _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip _____ Phone Number _____

List only the last four digits of social security number: ***-**-____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <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
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Don't 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: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____