

**Part 1: Children in School**

|  |                                    |                              |       |
|--|------------------------------------|------------------------------|-------|
| List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name) | Check box below if a foster child. | Name of School Child Attends | Grade |
|  | <input type="checkbox"/>           |                              |       |
|  | <input type="checkbox"/>           |                              |       |
|  | <input type="checkbox"/>           |                              |       |
|  | <input type="checkbox"/>           |                              |       |
|  | <input type="checkbox"/>           |                              |       |

**Part 2: SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income - You must tell us how much and how often.**

| 1. Household Names<br>List <b>everyone</b> in household <u>and</u> the income each earns & how often OR check the box at the right if they have no income. A foster child's personal use income must be listed. | 2. Gross Income and How Often it was Received |           |                                 |           |   |           |                                    |           | 3. Check if NO income    |
|---|---|-----------|---------------------------------|-----------|---|-----------|------------------------------------|-----------|--------------------------|
|   | Earnings from Work before deductions          |           | Welfare, Child Support, Alimony |           | Pensions, Retirement, Social Security, SSI, VA Benefits, Disability |           | All Other Income (Self Employment) |           |                          |
|   | Income  | How often | Income                          | How often | Income  | How often | Income                             | How often |                          |
|   |   |           |                                 |           |   |           |                                    |           | <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"/> |

**Part 4: Signature and Social Security Number (Adult Must Sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)  
*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: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number (last 4 digits): XXX – XX – \_\_\_\_ – \_\_\_\_  I do not have a Social Security Number

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

**Mark one Ethnic Identity:** -- and -- **Mark one or more Racial Identities:**  
 Hispanic or Latino  Asian  Black or African American  Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino  White  American Indian or Alaska Native

**Do Not Fill Out This Part. For School Use Only.**

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Total Household Size \_\_\_\_\_ Free  Temporary Approval for Zero Income Until: \_\_\_\_\_  
 Total Income \$ \_\_\_\_\_ per \_\_\_\_\_ Reduced  Results of Follow-up (45 days or less): \_\_\_\_\_  
 Year  Month  2 X Mo.  Every 2 Wks  Week  
 Categorically Eligible: SNAP/TANF/FDPIR  Denied  Reason for Denial: \_\_\_\_\_  
 Foster Child  Income too high  Incomplete App.  Follow-up Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Withdrawn from School: \_\_\_\_\_  
 Signature of Determining Official \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Signature of Confirming Official (Verification only) \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

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

| <b>FEDERAL INCOME CHART</b><br>for School Year 2011-12 |        |         |                 |                 |        |
|--|--------|---------|-----------------|-----------------|--------|
| Household size   | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1  | 20,147 | 1,679   | 840             | 775             | 388    |
| 2  | 27,214 | 2,268   | 1,134           | 1,047           | 524    |
| 3  | 34,281 | 2,857   | 1,429           | 1,319           | 660    |
| 4  | 41,348 | 3,446   | 1,723           | 1,591           | 796    |
| 5  | 48,415 | 4,035   | 2,018           | 1,863           | 932    |
| 6  | 55,482 | 4,624   | 2,312           | 2,134           | 1,067  |
| 7  | 62,549 | 5,213   | 2,607           | 2,406           | 1,203  |
| 8  | 69,616 | 5,802   | 2,901           | 2,678           | 1,339  |
| Each additional person:                                | 7,067  | 589     | 295             | 272             | 136    |

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**Privacy Act Statement: This explains how we will use the information you give us.**

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 are 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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**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”