

# FREE AND REDUCED PRICE MEALS FAMILY APPLICATION

<b>Part 1. Children in School (Use a separate application for each foster child)</b>				
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	FoodShare Case #	W-2 Cash Benefits #

**DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill out part 4 if you are not receiving FoodShare or W-2 cash benefits at this time.**

**Part 2. Homeless/Migrant/Runaway (For Public Schools Only)**

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator at 920-623-5950, ext. 3151.

Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and list the amount of the child's personal use monthly income: \$\_\_\_\_\_.

Skip to Part 5.

**Part 4. Total Household Gross Income -- You must tell us how much and how often.**

1. Name (List <b>EVERYONE</b> in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if <b>NO</b> income
	Earnings from work before deductions	Welfare, Child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>Example: Jane Smith</i>	<i>\$200/weekly</i>	<i>\$150/weekly</i>	<i>\$100/monthly</i>		
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	
	/	/	/	/	

**Part 5. Signature and 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 his or her Social Security Number or mark 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 children may lose meal benefits, and I may be prosecuted.*

**Sign here** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_ I do not have a Social Security Number

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

Mark one or more racial or ethnic identities:

Asian \_\_\_ Black of African American \_\_\_ American Indian or Alaska Native \_\_\_ White \_\_\_  
 Native Hawaiian or Other Pacific Islander \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_  
 Other \_\_\_

**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: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility Determination: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason For Denial:

Income too High \_\_\_\_\_ Other \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after 45 days)

Determining Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or W-2 case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. 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 misuse of program rules.

**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 to *USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.