

# Free and Reduced Price School Meals Family Application

## Part 1: Children in School (Must fill out a separate application for each foster child.)

| Names of all Children in School<br>(First, Middle Initial, Last) | Name of School | Grade |
|--|----------------|-------|
|  |                |       |
|  |                |       |
|  |                |       |
|  |                |       |
|  |                |       |

## Part 1a: 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 2: Foster Child/Institutionalized Child

Check this box if application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: \$ \_\_\_\_\_. If there is no income, record "0". Skip to Part 4.

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

| 1. Name<br><br>List <b>everyone</b> in household <u>and</u> the income each earns <u>or</u> check the box at the right if they have no income | 2. Gross Income and how often it was received |           |                                 |           |                                       |           |                                    |           | 3. Check if <b>NO</b> income |                          |
|---|---|-----------|---------------------------------|-----------|---------------------------------------|-----------|------------------------------------|-----------|------------------------------|--------------------------|
|   | Earnings from Work before deductions          |           | Welfare, Child Support, Alimony |           | Pensions, Retirement, Social Security |           | 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"/> |

## 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 also list his/her 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: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

## Part 5: Children's Racial and Ethnic 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   
 Year  Month  2 X Mo.  Every 2 Wks  Week Results of Follow-up (45 days or less): \_\_\_\_\_  
 SNAP (formerly Food Stamps)/FDPIR/TANF  Denied  Reason for Denial: \_\_\_\_\_ Follow-up Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Foster/Institutionalized Child  Income too high  Incomplete App.  Date Withdrawn from School: \_\_\_\_\_  
 Signature of Determining Official \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Signature of Confirming Official (Verification only) \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

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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 social security number of the adult household member who signs the application. The social security number is 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 (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.