

Application Instructions:

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

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$19,240	\$1,604	\$802	\$740	\$370
2	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
For each additional household member add:	\$6,660	\$555*	\$278*	\$257*	\$129*

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If your entire household receives Food Stamps, FIP, or FDPIR, follow these instructions:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Be sure to include all students listed in Part 3. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. Next to the amount circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income, circle "NO" in the last column "Circle if NO income."

- Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 6: Skip this part.
- Part 7: Answer this question if you choose to.

Part 6 - Foster Children In most cases foster children are eligible for free meals regardless of your household income
 Foster Home License Number: _____ (optional)
 A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (Optional)
 Check one or more racial identities: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

Privacy Act Information: Social Security Number
 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 Food Stamp Program, 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.

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 discrimination 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 D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

<i>Verification - This is for school use only.</i>		
Date Selected for Verification: _____	Sample Selection:	
Response Due from Household: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Random
Second Notice Sent: _____	<input type="checkbox"/> Focused	
Food Stamp/FIP Eligibility: <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility	Income \$ _____	
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
	<input type="checkbox"/> Wage Stubs	Verification Result:
	<input type="checkbox"/> Written Documents	<input type="checkbox"/> Free to Reduced
	<input type="checkbox"/> Collateral Contact	<input type="checkbox"/> Free to Paid
	<input type="checkbox"/> Agency Records	<input type="checkbox"/> Reduced to Free
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Reduced to Paid
		<input type="checkbox"/> No Change
Confirming Official's Signature: _____	Date: _____	Reason For Eligibility Change:
Follow-up Official's Signature: _____	Date: _____	<input type="checkbox"/> Income
		<input type="checkbox"/> Household Size
		<input type="checkbox"/> Refused to Cooperate
		<input type="checkbox"/> Other _____
Date Adverse Notice Sent: _____		

<i>Approval/Disapproval - This is for school use only.</i>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____	Total Gross Income: \$ _____
Week _____,	Every 2 Weeks _____,
Twice a Month _____,	Month _____,
Annual _____	
Foster Child: _____	Categorical Eligibility: _____
Eligibility: Free _____	Reduced _____
Denied _____	
Temporary Free _____	Time Period: _____ (expires after _____ days)
Reason for Denial: _____	Income too High _____
Incomplete Application _____	Other (specify) _____
Determining Official's Signature: _____	Date: _____
	Date Withdrawn: _____