



ABC School
1234 Main Street
City, State 12332

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

| Names of all children in school (First, Middle Initial, Last) | School Name | Grade | FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 5 if you list one of the above. |
|--|-------------|-------|---|
| | | | Case # |
| | | | Case # |
| | | | Case # |
| | | | Case # |
| | | | Case # |

DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) 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 phone #] _____

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 then 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 everyone 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 NO income |
|---|--|---------------------------------|---------------------------------------|------------------|-----------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| <i>(Example)</i> Jane Smith | \$200/weekly _____ | \$150/weekly _____ | \$100/monthly _____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | |

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: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

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 identities:

- | | |
|---------------------------|---|
| Asian | American Indian or Alaska Native |
| White | Native Hawaiian or Other Pacific Islander |
| Black or African American | Other |

Mark one ethnic identity:

- Hispanic or Latino
Not Hispanic or Latino