

2023-2024 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Table with 4 columns: Names of all household members (First, Middle Initial, Last), Name of school and school grade level for each child/or indicate "NA" if child is not in school. (School, Grade), Check if a foster child (legal responsibility of welfare agency or court). \*If all children listed below are foster children, skip to Part 5 to sign this form., and Check if No Income.

Part 2. BENEFITS: If any member of your household receives SNAP, FDPIR or TANF benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 10-DIGIT CASE NUMBER: \_\_\_\_\_

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Homeless [ ] Migrant [ ] Runaway [ ]

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

Table with 15 columns: 1. NAME (List all household members with income), Earnings from work before deductions, Weekly, Every 2 Weeks, Twice Monthly, Monthly, Welfare, child support, alimony, Weekly, Every 2 Weeks, Twice Monthly, Monthly, Pensions, retirement, Social Security, SSI, VA benefits, Weekly, Every 2 Weeks, Twice Monthly, Monthly, and All Other Income (include frequency, such as "weekly", "monthly", "quarterly", "annually").

Part 5. SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of 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 deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ [ ] I do not have a Social Security Number

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

Choose one ethnicity: [ ] Hispanic/Latino [ ] Not Hispanic/Latino; Choose one or more (regardless of ethnicity): [ ] Asian [ ] White [ ] American Indian or Alaska Native [ ] Black or African American [ ] Native Hawaiian or other Pacific Islander

Don't 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: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

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

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

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2nd Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_ Free to Reduced Price \_\_\_ Free to Paid \_\_\_ Reduced Price to Free \_\_\_ Reduced Price to Paid \_\_\_

**INSTRUCTIONS FOR APPLYING**  
**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), FDPIR OR TANF, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the school name and school grade level for each child.  
**Part 2:** List the 10-digit case number for any household member (including adults) receiving SNAP, FDPIR or TANF benefits.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answer this question if you choose to.

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, FDPIR OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the school name and school grade level for each child.  
**Part 2:** Skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box.  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4.  
**Part 6:** Answer this question if you choose to.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

- Part 1:** List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answer this question if you choose to.

**If some of the children in the household are foster children:**

- Part 1:** List all household members and the name of school and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.  
**Part 2:** If the household does not have a SNAP, FDPIR or TANF 10-digit case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box. If not, skip this part.  
**Part 4:** Follow these instructions to report total household income from this month or last month.
  - **Box 1—Name:** List all household members with income.
  - **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).  
**Part 6:** Answer this question, if you choose.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income Box".  
**Part 2:** If the household does not have a SNAP, FDPIR or TANF 10-digit case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box.  
**Part 4:** Follow these instructions to report total household income from this month or last month.
  - **Box 1—Name:** List all household members with income.
  - **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.**Part 5:** An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).  
**Part 6:** Answer this question if you choose to.