

Application for Free and Reduced Price School Meals

Arlington Community Schools

USE BLACK INK; print neatly within the boxes. Complete one application per household.

Apply online: MySchoolApps.com or nutrition@acs-k-12.org

Step 1 LIST ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper).

Table with columns: Student ID (Optional), Child's First Name, MI, Child's Last Name, Date of Birth (MM, DD, YY), Grade, Student? (Yes/No), Foster Child, Homeless, Migrant, Runaway (H/M/R).

Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Yes / No (circle one)

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3.) Case Number: Not your card number

Step 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income: Sometimes children in the household have earned income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income \$ [] [] [] [] W E T M

B. All Adult Household Members (Including yourself)

List all Household Members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report that total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

*Pay Frequency (How Often?): W=Weekly, E=Bi-Weekly, T=2x Month, M=Monthly

Table with columns: Name of Adult Household Members (First and Last), Earnings from Work, How Often?*, Public Assistance / Child Support / Alimony, How Often?*, Pensions / Retirement All Other Income, How Often?*

TOTAL Household Members (Children and Adults) [] []

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member [] [] [] []

Check if no SSN

Step 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signer FIRST NAME (clearly print), Signer LAST NAME (clearly print), Signature of Adult completing form, Today's Date

MAILING address (if available), Apt. #, City, State, Zip, Daytime Phone / Email (optional)

OPTIONAL Children's Racial and Ethnic Identities

Race: Check One or More [] American Indian or Alaskan Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] White Ethnicity: Check One [] Hispanic or Latino [] NOT Hispanic or Latino

Any questions or needing assistance, call 901-389-2497

