

**FREE AND REDUCED PRICE MEAL BENEFIT FAMILY APPLICATION**

| <b>Part 1. Children in School (Use a separate application for each foster child)</b> |             |       |   |
|--|-------------|-------|---|
| Names of all children in school<br>(First, Middle Initial, Last)                     | School Name | Grade | Food Stamp or FIP case # (if any). <b>Skip to Part 5 if you list a Food Stamp or FIP case #</b> |
|  |             |       |   |
|  |             |       |   |
|  |             |       |   |
|  |             |       |   |

**Part 2. 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 245-5000]** 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.

| <b>Part 4. Total Household Gross Income—You must tell us how much and how often</b> |  |                                 |                                       |                  |                          |
|---|--|---------------------------------|---------------------------------------|------------------|--------------------------|
| 1. Name<br>(List everyone in household)   | 2. Gross income and how often it was received<br><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><br>Jane Smith  | \$200/weekly   | \$150/weekly                    | \$100/monthly                         | \$_____/_____    | <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 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 Letter to Households.)  
*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)**

|  |  |   |
|--|--|---|
| <b>Mark one or more racial identities:</b>         |  | <b>Mark one ethnic identity:</b>                |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Hispanic or Latino     |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other                                     |   |

**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: \_\_\_\_\_  
Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)  
Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR FIP (Family Independence Program), follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or FIP case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

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

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

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

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**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 relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *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.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include 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. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.