

FREE AND REDUCED PRICE MEAL APPLICATION
School Year 2000-2001

ATTACHMENT D: 2000-2001

Complete, sign, and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

1. CHILD'S NAME:

Grade: _____ Room: _____ School: _____

Last _____ First _____ Middle _____

2. Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here and write the child's monthly income here: \$ _____ Write "0" if the child has no personal use income. Go to section #5.

3. Are you getting FOOD STAMPS or TANF benefits for your child? List the case number. DO NOT complete Section #4. **Go to Section #5.**
Food stamp case #: _____ **TANF #:** _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete section #2 or #3) List all household members, including the child listed above. List all income. Go to section #5

NAMES Household Members (Include the child named above)	Age	Current Monthly Income		Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from any Other Income
		Earnings from Work Before Deductions, or Strike Benefits, Unemployment, Workmen's Compensation Job 1	Job 2			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$

5. RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please mark one or more of the following racial identities:
 American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNIC IDENTITIES: Please mark one of the following: Hispanic or Latino Not Hispanic or Latino

6. OTHER BENEFITS: You DO NOT have to complete this part to receive free or reduced price meals. "Yes, I give permission for the information provided on this application to be used only for the programs checked below. I understand that I give up my rights to confidentiality for this specific purpose only."
 Dental Care Summer Food Service Program and/or Child Care Programs

7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved. **PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member: _____ **Social Security Number Of Adult Signing Application:** _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____

Home Address: _____ **Zip Code:** _____

For School Use Only – Do Not Write Below This Line

Household Size: _____ Monthly Income: _____ Monthly Income Conversion: **(Weekly X 4.33)** **(BI-weekly X 2.15)** **(Twice/Month X 2)**

Food Stamp Household TANF

Transferred (Date): _____ To _____ Withdrawn (Date): _____

Eligibility Determination: Approved Free Approved Reduced Temporary, Expires _____ Other: _____

Denied Reason: Income Too High Incomplete

Date Approval/Denied notice sent to parent: _____

Signature of Determining Official: _____ Date: _____

Date Selected for Verification: _____ Response Due: _____ Notice of Results Sent: _____

Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid

Reason for Change: Income Household Size Refused to Cooperate Change in Food Stamps/TANF

Verifying Official's Signature: _____ Date: _____

