



**INSTRUCTIONS FOR COMPLETING AN APPLICATION  
FOR FREE AND REDUCED PRICE STUDENT MEALS**

To apply for free or reduced price meals, complete one application for each child using the following instructions. Sign the application and return the application to the school. Call the school if you need help: #

**PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.**

1. Print the name of the child you are applying for.
2. List the child's grade and school.

**PART 2 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 2 AND PARTS 5, 6, & 7.**

A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip part 4. Do not list any other children, household members, or income.
2. A foster parent or other official representing the child must sign the application in part 7.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

**PART 3 - FOOD STAMPS AND Virginia Temporary Assistance for Needy Families (TANF) HOUSEHOLDS COMPLETE PART 3 AND PARTS 5, 6, & 7.**

1. List current food stamp or VA TANF case number for the child. This number is in your approval letter.
2. Sign the application in part 7. An adult household member must sign part 7. Skip part 4. You do not need to list names of household members or income if you list a food stamp or VA TANF case number for the child.

**PART 4 - ALL OTHER HOUSEHOLDS COMPLETE PART 4, 5, 6, & 7.**

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member got **last month**, before taxes or anything else is taken out, **and** where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write that person's usual monthly income.
3. An adult household member must sign the application and give his/her social security number in part 7.

To figure monthly income multiply: (weekly income x 4.33) (income every 2 weeks x 2.15) (income twice a month x 2).

**PART 5 - RACIAL/ETHNIC IDENTITY:**

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

**PART 6 - OTHER BENEFITS:** You may be eligible for other benefits. Look at Part 6 on the application. To obtain meal benefits, you are not required to complete this section.

**PART 7 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 7.**

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "**none**" to show that the adult does not have a social security number. If you listed a food stamp or VA TANF number for each child or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's food stamp, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, or, TANF office to determine current certification for food stamps, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal, state and local education, health and nutrition programs.

**INCOME TO REPORT**

<u>Earnings from Work</u> Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation Net income from self-owned business or farm  <u>Welfare/Child Support/Alimony</u> Public assistance payments Welfare payments Alimony/child support payments	<u>Pensions/Retirement/Social Security</u> Pensions Supplemental Security Income Retirement income Veteran's payments <p align="center"><i>Social Security</i></p>	<u>Other Income</u> Disability benefits Cash withdrawn from savings Interest/Dividends Income from Estates/Trusts/ Investments Regular contributions from persons not living in the household Net royalties/annuities/ net rental income Any other income
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