

2002-03 APPLICATION FOR FREE AND REDUCED PRICE MEALS

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**

Last First Middle Grade Room School

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		Age	MONTHLY Earnings from Work Before Deductions, or Strike Benefits, Unemployment, Worker's Compensation		MONTHLY Welfare, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Earnings from any Other Income
Household Members (Include the child named above)			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

6a. **OTHER BENEFITS: Medicaid & Health Insurance:** Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia Children's Health Insurance Program. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or the Virginia children's health insurance program.

6b. **OTHERS:** Your permission is required for the school to use this information for other benefits.

YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose only.

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 # of Adult Signing Application Date

Home Address: _____ Zip Code _____

Home Phone: _____ Work Phone: _____

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 Denied Reason: Approved Reduced Income Too High Temporary, Expires _____ Other: _____
Incomplete

Date Approval/Denial notice sent to parent/guardian: _____

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: _____

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Strike benefits	Supplemental Security Income	Cash withdrawn from savings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

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