

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) those receiving SNAP or TANF benefits.

Part 2: Skip this part.

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.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

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, if the child has no income, check the box "no income."

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 all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	SNAP or TANF case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR] HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>				
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 <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. <input type="checkbox"/> Check if no income. Skip to Part 5.				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
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 also must 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 back of this page.)				
<i>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</i>				
Sign here: _____ Print name: _____ Date: _____				
Address: _____ City: _____ State: _____ Zip Code: _____				
Phone Number: _____ Social Security Number: ___ - ___ - _____ <input type="checkbox"/> I do not have a Social Security Number				
PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)				
Choose one ethnicity:		Choose one or more (regardless of ethnicity):		
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American		
<input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander		
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: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> 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: _____	
Verifying Official's Signature: _____			Date: _____	

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2009 to June 30, 2011

Annual Income

Family Size	Free Meals or Milk (130% of Poverty Guidelines)	Reduced Price Meals (185% of Poverty Guidelines)	Not Eligible for Free or Reduced Price Meals or Milk
One	\$0 to \$14,079	\$14,080 to \$20,036	\$20,037 and up
Two	\$0 to \$18,941	\$18,942 to \$26,955	\$26,956 and up
Three	\$0 to \$23,803	\$23,804 to \$33,874	\$33,875 and up
Four	\$0 to \$28,665	\$28,666 to \$40,793	\$40,794 and up
Five	\$0 to \$33,527	\$33,528 to \$47,712	\$47,713 and up
Six	\$0 to \$38,389	\$38,390 to \$54,631	\$54,632 and up
Seven	\$0 to \$43,251	\$43,252 to \$61,550	\$61,551 and up
Eight	\$0 to \$48,113	\$48,114 to \$ 68,469	\$68,470 and up
For Each Additional Family Member Add:	\$4,862	\$6,919	\$6,920

For Free Meals or Free Milk

Family Size	Annual	Once A Month	Twice A Month (24 pay periods/yr)	Every Two Weeks (26 pay periods/yr)	Every Week
One	\$14,079	\$1,174	\$587	\$542	\$271
Two	\$18,941	\$1,579	\$790	\$729	\$365
Three	\$23,803	\$1,984	\$992	\$916	\$458
Four	\$28,665	\$2,389	\$1,195	\$1,103	\$552
Five	\$33,527	\$2,794	\$1,397	\$1,290	\$645
Six	\$38,389	\$3,200	\$1,600	\$1,477	\$739
Seven	\$43,251	\$3,605	\$1,803	\$1,664	\$832
Eight	\$48,113	\$4,010	\$2,005	\$1,851	\$926
For Each Additional Family Member Add:	\$4,862	\$406	\$203	\$187	\$94

For Reduced Price Meals

Family Size	Annual	Once A Month	Twice A Month (24 pay periods/yr)	Every Two Weeks (26 pay periods/yr)	Every Week
One	\$20,036	\$1,670	\$835	\$771	\$386
Two	\$26,955	\$2,247	\$1,124	\$1,037	\$519
Three	\$33,874	\$2,823	\$1,412	\$1,303	\$652
Four	\$40,793	\$3,400	\$1,700	\$1,569	\$785
Five	\$47,712	\$3,976	\$1,988	\$1,836	\$918
Six	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
Seven	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
Eight	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For Each Additional Family Member Add:	\$6,919	\$577	\$289	\$267	\$134