

2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **PA SNAP** OR **PA TANF Cash Assistance**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** AND only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**
 NAME: _____ CASE NUMBER: _____

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL Dottie Weber @ Lancaster Mennonite School, 717-299-0436 x 328 HOMELESS MIGRANT RUNAWAY

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List all household members, include grade of school aged child)	Check if a foster child (legal responsibility of welfare agency or court)	Name of School child attends	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	Check if NO income
(Example) Jane Smith	<input type="checkbox"/>		\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/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"/>		\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	<input type="checkbox"/>		\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of 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 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: _____ Print Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Last four digits of Social Security Number: * * * - * * * - ____ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity): Asian American Indian or Alaska Native Black or African American White Native Hawaiian or Other Pacific

DO NOT 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 (cannot be the Determining Official): _____ Date: _____
 Signature of School Employee Completing Verification: _____ Date: _____

INSTRUCTIONS FOR APPLYING

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

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

Part 1: Skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dottie Weber @ **Lancaster Mennonite School, 717-299-0436 x 328**

Part 3: Complete child's name, grade and school the child attends only if a child in your household is eligible under Part 1. Complete entire section if Part 1 was skipped.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: Skip this part.

Part 2: Skip this part

Part 3: List all foster children and the name of school each child attends. Check the box indicating the child is a foster child. Include the grade of the school aged child.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

If some of the children in the household are foster children:

Part 1: If the household does not have a case number, skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dottie Weber @ **Lancaster Mennonite School, 717-299-0436 x 328**. If not, skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child. Include the income for the household members who have income. Include the grade of the school aged child.
- **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 employer 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses (NET income). 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 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: If the household does not have a case number, skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dottie Weber @ **Lancaster Mennonite School, 717-299-0436 x 328**. If not, skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Include the grade of the school aged child.
- **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 employer 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."
