

Approval Date:

Approved for F ☐ R ☐ D ☐

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

[illegible]

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

Case Number:

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Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

				How often?			
Child income				Weekly	Bi-Weekly	2x Month	Monthly
\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly			
	\$									\$								
	\$									\$								
	\$									\$								
	\$									\$								
	\$									\$								

**Last Four Digits of Social Security Number (SSN) of
Primary Wage Earner or Other Adult Household Member**

X	X	X
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X	X
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Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/> Street Address (if available)		<input type="text"/> City		<input type="text"/> State	<input type="text"/> Zip	<input type="text"/> Daytime Phone and Email (optional)
<input type="text"/> Printed name of adult completing the form		<input type="text"/> Signature of adult completing the form			<input type="text"/> Today's date	

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

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.

Verification

For School Use Only

Date Selected for Verification:

Date Follow-up/Second Notice:

Date of Adverse Notice Sent:

Confirming Officials Signature:

Follow-up Official's Signature:

Response Due from Household:

Verification Official's Signature:

FAP/FIP/FDPIR/Foster Eligibility		Income				Verification Results		Reason for Eligibility Change	
<input type="checkbox"/>	Not confirmed	\$ _____		<input type="checkbox"/>	Wage Stubs	<input type="checkbox"/>	Free to Reduced	<input type="checkbox"/>	Income
Confirmed:		<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Written Documents	<input type="checkbox"/>	Free to Paid	<input type="checkbox"/>	Household Size
<input type="checkbox"/>	Department of Human Services	<input type="checkbox"/>	Every 2 weeks	<input type="checkbox"/>	Collateral Contact	<input type="checkbox"/>	Reduced to Free	<input type="checkbox"/>	Refused to Cooperate
<input type="checkbox"/>	Notice of Eligibility	<input type="checkbox"/>	Twice a month	<input type="checkbox"/>	Agency Records	<input type="checkbox"/>	Reduced to Paid	<input type="checkbox"/>	Other _____
		<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	No Change		
		<input type="checkbox"/>	Annual						

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Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____