

2014-2015 APPLICATION FOR FREE & REDUCED PRICE MEALS

Part 1. All Household Members

List the names of all household members (First, Middle, Last). A household member is any adult or child living in the home. (Attach an extra sheet if needed)	Write the name of each child's school. Write N/A if the household member is not in school.	Place a check in the box below if the child is foster, homeless, migrant, a runaway or in Head Start and skip to Part 4.					Check below if this person receives NO INCOME
		Foster	Homeless	Migrant	Runaway	Head Start	
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>
6.							<input type="checkbox"/>

Part 2. Benefits

If any household member receives **SNAP** (Food stamps) or **KTAP** (Public Assistance), provide:
Name _____, **Case number:** _____ (No EBT card numbers), **Program:** _____
 Skip to Part 4. If no one receives these benefits, skip to Part 3. (SNAP/KTAP)

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE TAXES & DEDUCTIONS)

RECORD EACH INCOME ONLY ONCE. *If you are self-employed, a migrant worker or a seasonal worker and need to report yearly income, you must contact the School Nutrition Director in your district.*

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) (Attach an extra sheet if needed)	2. LIST ALL GROSS INCOME FOR EACH PERSON AND CHECK HOW OFTEN IT WAS RECEIVED																				
	Earnings from work before taxes & deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	KTAP (Public Assistance, child support, alimony)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200	X				\$150		X			\$0					\$0					
1.	\$					\$					\$					\$					
2.	\$					\$					\$					\$					
3.	\$					\$					\$					\$					
4.	\$					\$					\$					\$					
5.	\$					\$					\$					\$					

Part 4. Signature and last four digits of Social Security Number (Adult must sign)

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 attached Use of Information Statement).

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. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ email: _____

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 race (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
- White Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks (Bi-weekly) x 26, Twice A Month (Semi-monthly) x 24, Monthly x 12
(Convert to yearly if more than one pay frequency is reported. Do not convert if all pay frequencies are the same)
The Sponsor must assess special circumstances for Households which report annual income.

Household size: ____ Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year

This is an error-prone application (monthly income within \$100 below, or annual income within \$1,200 below, the income eligibility limitation for free or reduced price meals).

DC (SNAP/KTAP/Medicaid/Foster) Other Source (Homeless/Migrant/Runaway/Head Start/Foster) Case Number (SNAP/KTAP)

Categorical Eligibility (except foster, homeless, migrant, runaway, Head Start) was extended to all other children in the household

Eligibility: Free Reduced Denied

Reason for Denial: _____ Date denial notice sent: _____

Determining Official's Signature: _____ Date: _____

Selected for Verification

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Verification results: Status did not change Changed to Paid Changed to reduced Changed to free

Date Dropped/Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the Federal Income Eligibility Limits on the chart below:

Federal Income Eligibility Guidelines for School Year 2014-2015					
Household size	Yearly	Monthly	Twice per month	Every two weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	+ 7,511	+ 626	+ 313	+ 289	+ 145

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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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