

2015-2016 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

| Part 1. Children in School | | | | |
|--|---|------------------|---|---|
| (A) Names of all children attending school (First, Middle Initial, Last) | (B) School Initials WSP - Primary WSE - Elementary WSH - Jr High/High | (C) Grade | (D) Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 4 to sign this form. | (E) If any member of your household receives SNAP or TANF, provide the name and case number for the person who receives benefits and skip to Part 4. |
| | | | <input type="checkbox"/> | Name: _____ Case Number: _____ |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |

Part 2. If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call Jenny Pitts, Homeless Liaison at (864) 456-7496. Homeless Migrant Runaway

Part 3. Total Household Gross Income— For each household member you must tell us how much and how often, OR check column “C” if there is no income.

| A. Name (First and Last) <small>(List everyone living in household. This includes children and anyone who is sharing income and expenses even if not related.)</small> | B. List total income for each source in whole dollars only. Circle how often it is received. <small>(A – Annually, M – Monthly, BM – Bi-monthly, W – Weekly, BW – Bi-weekly)</small> | | | | C. Check if NO Income |
|---|---|---------------------------------|---------------------------------------|-------------------------|-----------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | Other | |
| 1. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 2. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 3. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 4. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 5. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 6. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |
| 7. | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | A M BM W BW \$ _____ | |

Part 4. Signature and 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 must also 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 in parent letter.)
 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 the information provided on this application may be used to verify my household’s eligibility for meal benefits in the National School Lunch Program with Medicaid agencies as part of the state’s participation in the Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: x _____ Print name: _____
 Address: _____ City _____ Phone Number: _____
 Total Household Members: ____ Social Security Number (Last 4 digits only): *** - ** - _____ Check if no SSN Date: _____

Part 5. Children’s racial and ethnic identities (optional)

| | |
|---|---|
| Choose one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American | Choose one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

Don’t fill out this part. This is for district/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: _____ Date: _____
 Verifying Official’s Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household receives SNAP or TANF, follow these instructions:

- Part 1:** (A) List each child's name that will be attending school.
(B) School initials for each child.
(C) Grade for each child.
(D) If the child is a foster child, place a check in the box. If all children listed are foster children, check each box and skip down to Part 4.
(E) List the name and case number for the household member (including adults) receiving SNAP and/or TANF benefits.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Jenny Pitts, Homeless Liaison at (864)456-7496.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

All OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** (A) List each child's name that will be attending school.
(B) School initials for each child.
(C) Grade for each child.
(D) If the child is a foster child, place a check in the box. If all children listed are foster children, check each box and skip down to Part 4 and sign, Social Security Number is not necessary.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Jenny Pitts, Homeless Liaison at (864)456-7496.
- Part 3:** **Column A - Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B - 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. 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 Workers' 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, 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 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.
Column C - Check if no income: If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list the last four digits of their Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

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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