

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Only One Application Per Family Is Needed

FY 2010-2011

Part 1. Children in School (Use a separate application for each foster child)			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food and Nutrition Services (FNS, formerly Food Stamp) or TANF case # (if any). Skip to Part 5 if you list a FNS or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and/or call your school, the Department of Child Nutrition at 828-884-6173, or Beth Branagan at 828-884-9567.
 Homeless Migrant Runaway

Part 3. Foster Child (Please use a separate application for each foster child.)
 If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income – If any child or adult in the household has no income, you **MUST** check the "No Income" Box in question 3 on the application; if the box is not checked, the application **will not** be approved.

1. Name (List everyone in household)	2. Gross Income and how often received (Use exact income including cents.) <i>Example: \$100.15 per month, \$100.97 twice a month, \$100.76 every other week, \$100.00 per week</i>				3. Check if NO Income
	Earnings from work before deductions	Welfare, Child Support, alimony	Pensions, retirement, Social Security	All Other Income	
Example: Jane Smith	Ex. \$200.50 per week	Ex. \$100.75 per week	Ex. \$100.45 per Month	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>

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 must also 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 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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
Sign here: X _____ Print Name: _____ Date: _____
 Address: _____ Phone Number: _____
Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <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: 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: _____ Follow-up Official's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food and Nutrition Services (FNS, formerly Food Stamp Program), or gets TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food and Nutrition Services (FNS, formerly Food Stamps) or TANF case number.

Note: The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly Food Stamps) Case number, contact your local Department of Social Services to get the number.

Part 2: Check the appropriate box, if any.

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 you believe the child(ren) you are applying for may qualify as homeless, migrant or runaway child(ren), check the appropriate box and contact Beth Branagan at 828-884-9567 and fill out the application by following instructions for ALL OTHERS HOUSEHOLDS.

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 grade.

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 each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

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

Column 1–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 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

How to Report your Income: Each household member must list a dollar figure or a Zero (\$0.00) in the income column beside their name. This includes your children. This is a requirement per guidelines from the federal government.

If you have any questions, please contact: Transylvania County Schools, Department of Child Nutrition at (828) 884-6173