

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2019-20

Return Completed Application to: _____ *(Insert School name, mailing address here)*

Part 1: Children in School			
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits
 Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: _____
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: _____ (Children and Adults)	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____		Check if no SSN <input type="checkbox"/>			

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.
"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."
 Sign here: _____ Print name: _____ Date: _____
 Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional
Check one Ethnic Identity: – and – **Check one or more Racial Identities:**
 Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per _____
 Year Month 2 X Mo Every 2 Wks Week

<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied
<input type="checkbox"/> Income	Reason for denial:	
<input type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high	
<input type="checkbox"/> SNAP/TANF/FDPIR	<input type="checkbox"/> Incomplete application	
<input type="checkbox"/> Foster Child		

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____ Date Confirmed: _____

Signature of Verifying Official: _____ Date Verified: _____

Date Withdrawn From School: _____