

**APPLICATION FOR FREE AND REDUCED PRICE MEALS**

(For complete instructions, refer to next page.)

- New Applicant  
 Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

**Part 1 A.**

| Child's Name | School or Center | Grade | Age   | Child's Name | School or Center | Grade | Age   |
|--------------|------------------|-------|-------|--------------|------------------|-------|-------|
| 1. _____     | _____            | _____ | _____ | 4. _____     | _____            | _____ | _____ |
| 2. _____     | _____            | _____ | _____ | 5. _____     | _____            | _____ | _____ |
| 3. _____     | _____            | _____ | _____ | 6. _____     | _____            | _____ | _____ |

**Part 1 B.** Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities or FDPIR): If your household is NOW receiving Food Stamps, TANF, and FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If not all of the above named children receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPIR Case Number: \_\_\_\_\_

**Part 2. Is this child a foster, migrant, or runaway?**

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # \_\_\_\_\_ Homeless  Migrant  Runaway

**Part 3. Total Household Income from Last Month – You must tell us how much and how often**

| A. Name<br>(List everyone in household) | B. Last month's income and how often it was received<br><i>Example: \$100/month \$100/twice a month \$100/ every other week \$100/weekly</i> |                                 |                                       |                  | C. Check if No income    |
|---|--|---------------------------------|---------------------------------------|------------------|--------------------------|
|   | Earnings from work before deductions   | Welfare, child support, alimony | Pensions, retirement, Social Security | Farm/Other       |                          |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |
| _____                                   | \$ _____ / _____   | \$ _____ / _____                | \$ _____ / _____                      | \$ _____ / _____ | <input type="checkbox"/> |

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 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 back of this page.)

*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, the children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_

Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL/CENTER USE ONLY**

Food Stamp / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No

Total monthly income: \_\_\_\_\_ Eligibility Classification:  Free  Reduced Price  Paid

Household Size: \_\_\_\_\_ Not Eligible:  Over income  Incomplete information

Temporary Eligibility:  Free  Reduced Price Until: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Change in Status Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_