2012-2013 FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL LINDA PERU, at 387-8053 HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐ If completing this section, fill out Box A and Box B in Part 2 and then skip to Part 3. PART 2. ALL HOUSEHOLD MEMBERS Box A. Box B. Box C. Box D. Box E. Box F. TOTAL HOUSEHOLD GROSS INCOME Check if a Please report how much and fill in the circle indicating how often income is received using the following income frequencies: foster child Weekly (wk) or Every Other Week (bi-wk) or Monthly (mo) or Twice a Month (bi-mo) (legal If any member of your responsibility or Annually/Yearly (yr) household receives of welfare Earnings From Work before deductions Name of school All Other Income attended by each SNAP, FDPIR or TANF agency or (Welfare, child support, alimony, child and grade or Cash Assistance, court) pensions, retirement, Social Security, SSI, Names of all household indicate "NA" if provide the case If completing Check if VA benefits, other) members household member number and skip to this section NO Part 3. (First, Middle Initial, Last) is not in school skip to Part 3. income How much How Often How Often How much wk bi-wk mo bi-mo yr wk bi-wk mo bi-mo yr \$ o o o o\$ \circ 1. \$ \circ O O O\$ 2. \$ \circ \circ 3. O 0 \mathbf{O} 0 4. \$ \circ \$ \circ 5. \$ \circ Ś O O O O6. \$ \circ $\circ \circ \circ$ 7. \circ \circ 8. Box G. If Part 2, Box E and/or Box F 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 Information Statement on the back of this page.) Last four digits of Social Security Number: * * * - * * -☐ I do not have a Social Security Number PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION) PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will Choose one ethnicity: Choose one or more (regardless of ethnicity): get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I ☐ Hispanic/Latino ☐ Asian understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. ☐ Not Hispanic/Latino ☐ American Indian or Alaska Native ☐ Black or African American Sign here: ______Date: _____ Print name here: ☐ White ☐ Native Hawaiian or other Pacific Islander Phone Number:_ DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. Eligibility: Free___ Reduced___ Denied___ Reason:____ Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 Determining Official's Signature: Date: _____ Confirming Official's Signature: Total Income: Per: □Week, □Every 2 Weeks, □Twice a Month, □Month, □Year Household Size: Date: _____ Follow-Up Official's Signature: □Error-Prone □Case # Application □Categorically Eligible Date: _____ □ Directly Certified – Attach to match result □ Selected for Verification (see attachments) Date Notice Sent: Date Withdrawn:

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY IN	ICOME CHART I	For School Year 2	2012-2013
Household size	Yearly	Monthly	Weekly
1	\$20,665	\$1,723	\$398
2	\$27,991	\$2,333	\$539
3	\$35,317	\$2,944	\$680
4	\$42,643	\$3,554	\$821
5	\$49,969	\$4,165	\$961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
Each additional person:	\$7,326	\$611	\$141

Address:

Use of Information Statement: This explains how we will use the information you give us.

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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

Printed Name:

		may be shared with other programs for which your children may quality. For the not change whether your children get free or reduced price meals.
No! I DO NOT want information from	my Free and Reduced Price School Meals Application shared with	h any of these programs.
Yes! I DO want school officials to shar	re information from my Free and Reduced Price School Meals App	olication with [name of program specific to your school].
Yes! I DO want school officials to shar	re information from my Free and Reduced Price School Meals App	olication with [name of program specific to your school].
Yes! I DO want school officials to shar	re information from my Free and Reduced Price School Meals App	olication with [name of program specific to your school].
f you checked yes to any or all of the boxes	above, fill out the form below. Your information will be share	ed only with the programs you checked.
hild's Name:	School:	
hild's Name:	School:	For more information, call Mr. Gann at 387-8003.
hild's Name:	School:	Return this form to: Your Child's School by August 8,.
hild's Name:	School:	
ignature of Parent/Guardian:	Date:	