INSTRUCTIONS FOR APPLYING

*A household member is any child or adult living with you.*

If your household receives benefits from **[State SNAP]**, **[state TANF]**,or **[the Food distribution program on indian reservations (FDPIR)]**, follow these instructions:

**Part 1:** List only household members and the name of each childs school (if known).

**Part 2:** List the case number for any household member (including adults) receiving **[State SNAP]**,**[State TANF]**, or **[FDPIR]** benefits.

**Part 3**: Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

if no one in your household gets **[State SNAP]**, **[State TANF]**,OR **[FDPIR]** benefits and if any child in your household is homeless, a migrant or runaway, OR IN HEAD START follow these instructions:

**Part 1:** List all household members and the name of each childs school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator].**

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isnt eligible under Part 1. See instructions for All Other Households.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didnt need to fill in Part 3.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

If you are applying for a FOSTER CHILD, follow these instructions:

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of each childs school (if known). For any person, including children, with no income, you must check the No Income box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school.**

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isnt eligible under Part 1. See instructions for All Other Households.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesnt have one).

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

**Part 1:** List all household members and the name of each childs school (if known). For any person, including children, with no income, you must check the No Income box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **[your school or appropriate official]**.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

 **Section 1Name:** List all household members with income.

 **Section 2**

o **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is receivedweekly, every other week, twice a month or monthly.

o **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 or your boss can tell you.

o **Income received from welfare, child support, and alimony**: List the amount each person received.

o **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veterans benefits (VA benefits), and disability benefits**: List the amount each person received.

o **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 benefits from WIC, Federal education and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is 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.

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 INCOME CHART For School Year 2017**-**2018 | | | |
| Household size | Yearly | Monthly | Weekly |
| 1 | 22,311 | 1,860 | 430 |
| 2 | 30,044 | 2,504 | 578 |
| 3 | 37,777 | 3,149 | 727 |
| 4 | 45,510 | 3,793 | 876 |
| 5 | 53,243 | 4,437 | 1,024 |
| 6 | 60,976 | 5,082 | 1,173 |
| 7 | 68,709 | 5,726 | 1,322 |
| 8 | 76,442 | 6,371 | 1,471 |
| Each additional person: | +7,733 | +645 | +149 |

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesnt have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

**2017-2018**

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Part 1**. all household members **\*\* RETURN THIS APPLICATION TO YOUR CHILDS SCHOOL\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names of all household members(First, Middle Initial, Last) | | Student ID | | | | | | | Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form. | | | | | | | | | | | | | | | | Place a check in the box if NO income | | | |
|  | | Foster | Homeless | | | | Migrant | | | Runaway | | Head Start | | | | | |
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| **PART 2.** BENEFITS  If any member of your household receives **[State SNAP], [FDPIR]** or **[State TANF Assistance],** provide the name and case number for the person who receives benefits and skip to part 4. **if no one receives these benefits, skip to part 3.**  name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case number: (Not EBT card Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part**  **3.** Total Household Gross income (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Name**  (list **only** household members with income) | **2. Gross** **income** and how often it was received | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Earnings from work before deductions. | | | Weekly | Every 2 Weeks | Twice  Monthly | Monthly | Welfare, child support, alimony | | | Weekly | Every 2 Weeks | Twice  Monthly | | Monthly | Social Security, SSI, VA, retirement benefits | | Weekly | | Every 2 Weeks | Twice  Monthly | Monthly | All other income  (such as Unemployment) benefits | Weekly | | Every 2 Weeks | Twice  Monthly | Monthly |
| *(Example)  Jane Smith* | **$200** | | | X |  |  |  | **$150** | | |  | X |  | |  | **$0** | |  | |  |  |  | **$0** |  | |  |  |  |
|  | $ | | |  |  |  |  | $ | | |  |  |  | |  | $ | |  | |  |  |  | $ |  | |  |  |  |
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|  | $ | | |  |  |  |  | $ | | |  |  |  | |  | $ | |  | |  |  |  | $ |  | |  |  |  |
| **Part 4**. Signature and last four digits of Social Security Number (Adult must sign) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An adult household member must sign the application. **If Part 3 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 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, my children may lose meal benefits, and I may be prosecuted. I understand my childs eligibility status may be shared as allowed by law.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_ \_\_\_ \_\_\_ \_\_\_ I do not have a Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals.  May school officials share the information within this application with other programs? No Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 5**. Childrens ethnic and racial identities (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose one ethnicity: | | | Choose one or more (regardless of ethnicity): | | | | | | | | | | | | | | | | | | | | | | | | | |