

[LEA/SFA School] FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS - 2009/2010 SCHOOL YEAR

DEAR PARENT OR GUARDIAN:

Meals are served every school day. Students may buy lunch for [\$] in elementary school or [\$] in middle/high school, and/or breakfast for [\$] in elementary middle and high schools. Eligible students may receive meals free or at a reduced price of \$0.40 for lunch and/or \$0.30 for breakfast for both elementary and middle/high schools. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.

PART 1 - IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Put an X in the box provided if this application is for a Foster Child. Enter the Foster child's PERSONAL USE income in the boxes provided and the frequency it is received. Foster children may be eligible for free or reduced price meals regardless of the income of the households with whom they reside.

PART 2 - If you believe the child for whom you are applying is homeless, migrant, or a runaway, call your school homeless liaison or migrant coordinator at [phone number], and place an X in the appropriate box.

PART 3 - Enter the enrolled [Student's ID/SSN] (optional), first name, middle initial, last name, date of birth, grade, school code, Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program or Families First number and income. If the student has an income, enter the amount before deductions and indicate the frequency. If the student has no income, put an X in the box. If each child listed on the application has a SNAP or Families First number, you may skip Parts 4 & 5. You MUST fill out Parts 4 & 5 if one or more students listed DOES NOT have a case number. If this is a foster child application, ONLY list the foster child - DO NOT list any other students.

PART 4 - Enter the names of ALL OTHER people living in your household who are not listed above. Household means a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit. DO NOT include the names of the students listed in Part 3 and DO NOT include any foster children. If the individual has no income, put an X in the box indicating No Income next to the individual's name. Enter the Income BEFORE DEDUCTIONS in the appropriate column, and

indicate the frequency at which the income is received. Next to the amount, bubble in HOW OFTEN the person got paid (W= weekly, E= every other week, T= twice a month, or M= monthly). You may include your income on an annual frequency. In this instance, there will be no bubble for you to mark. If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

PART 5 - Enter the total number of people living in your household.

PART 6 - Enter your mailing address and telephone number.

PART 7 - Sign and X the appropriate box(es), if you consent to share the information provided in this application with other programs your child(ren) may qualify for.

PART 8 - Enter the Social Security Number of the adult household member filling out the application. If the adult household member does not have a Social Security Number, place an X in the box provided.

PART 9 - SIGN and PRINT the name of the adult filling out the application. Enter the date signed.

PART 10 (OPTIONAL) - Put an X indicating the student's ethnicity/race in the boxes provided.

INCOMPLETE, UNREADABLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

NOTICE: If you currently receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), SNAP, or Families First, your enrolled child(ren) may be eligible for free meals.

MEDICAL OR SPECIAL DIETARY NEEDS: If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meals.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income lessens, you lose your job, your household size becomes larger, or you become eligible for SNAP or Families First benefits, you may complete another application at that time.

REPORTING INCOME: If your income is not always the same, list the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, enter that you receive \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

SOCIAL SECURITY NUMBER: The application must have the Social Security Number of the adult who signs the application, or the box indicating that the adult does not have a Social Security Number must be checked. If a SNAP or Families First case number for the child is listed, or if the application is for a foster child, a Social Security Number is not needed.

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send records proving that your child should receive free or reduced price meals.

PRIVACY ACT 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 social security number of the adult household member who signs the application. 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 (FAMILIES FIRST) 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: 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FAIR HEARING: You may talk to school officials if you do not agree with the decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing [Name, Address, Phone number]

SUBMIT: Please return completed meal application to the Student's School or mail to: [District Address]
We will let you know when your application is approved or denied.

[Director's Name]
[Title]
[District Name]

SCHOOL CODES

[Insert School Codes Here]

INCOME TO REPORT

Gross Earnings before Deductions; Include all jobs	Wages/salaries/tips before taxes
Self-employment or farm income (net)	Income from self-owned business, day care business or farm
Temporary income, unemployment, Worker's Compensation, strike benefits, temporary disability	Temporary assistance, unemployment compensation, worker's compensation, strike benefits or temporary disability
All Other Income	Public assistance, child support, alimony, Social Security, pension, Supplemental Security Income (SSI), child SSI, retirement, veteran's payments, permanent disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income, and any other income

Until your application is processed, you will need to provide your child(ren) with money to purchase school meals at the prices listed above. If your child(ren) received free or reduced price meals last year, they may continue to receive the same benefits until LEA will give the date.

This district participates in Direct Certification:

If you receive notification that your child has been directly certified to receive free meals for the school year, you DO NOT need to apply for meal benefits. If you do not receive information, you must apply for meal benefits by completing a meal application.

INCOME ELIGIBILITY GUIDELINES

**Use the income chart below to see if you qualify for the free or reduced price meal program.
Effective July 1, 2009 - June 30, 2010**

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1*.....	\$20,036	\$1,670	\$835	\$771	\$386
2.....	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3.....	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4.....	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5.....	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6.....	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7.....	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8.....	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For EACH additional household member add:	\$6,919	\$577	\$289	\$267	\$134

*A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.