2009 - 2010 Family Application For Meal Benefits

[Tennessee LEA / SFA] Schools

Please refer to instructions on back. USE BLACK INK, print neatly within the boxes. Complete one application per household. Use a separate application for EACH foster child.

1 FOSTER CHILD: EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION

☐ If this application is for a child who is the legal responsibility of a welfare agency or court, X here, AND list the child's personal use income to the right and how often it is received. Write "0" if child has no income.

$ ____.____ (W) (E) (T) (M)

2 HOMELESS, MIGRANT, RUNAWAY If the child you are applying for is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call your homeless liaison/ migrant coordinator at [phone number].

H ☐ M ☐ R ☐

3 STUDENTS IN SCHOOL LIST ALL STUDENTS ATTENDING [LEA / SFA NAME] SCHOOLS . Print Neatly with BLACK INK [student id/SSN] (optional), name, birth date, grade, school code, SNAP or Families First #, income and frequency of EACH ENROLLED child. A FOSTER CHILD must be listed individually on a SEPARATE APPLICATION.

[Student ID / SSN] (Optional)	First Name	MI	Last Name	Date of Birth M M D D Y Y	Grade	School Code (See back cover)	SNAP or Families First #	STUDENT'S INCOME $ ____.____ (W) (E) (T) (M)	No Income

4 HOUSEHOLD MEMBERS. DO NOT INCLUDE Students already Listed. List total gross income before taxes and deductions and HOW OFTEN INCOME IS RECEIVED. W=Weekly, E=Every Two Weeks, T=Twice a Month, M=Monthly

Print first and last name of all adults and children not listed above	No Income	Earnings from Work Before Deductions	Welfare Payments, Child Support, Alimony	Pension, Retirement, Social Security	Any Other Income
EXAMPLE: John Doe	☐	$ 965.45 (W) (E) (T)●	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M) 350.72 ● (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)
	☐	$ (W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)	(W) (E) (T) (M)

5 ☐☐ ENTER THE TOTAL HOUSEHOLD MEMBERS

6

Mailing Address ____ Apt # ____

City ____ State ____ Zip Code ____ ( ) ____ - ____ Daytime Telephone Number

7 Waiver of Privacy Act

I give permission for [LEA/SFA Name] to give my name, address and whether my child qualifies for free/reduced price meals to the following programs

☐ Dental Benefits ☐ Health Care Benefits ☐ Workforce Development ☐ _____

X ADULT SIGNATURE

8 The adult who completed this application must sign and include his/her Social Security Number (SSN). A SSN is NOT required on SNAP, Families First, or Foster Child Applications. If you DO NOT have a SSN, place an X in the box.

ADULT Social Security Number ___ - ___ - ____ If You DO NOT have a SSN, X here ☐

9 CERTIFICATION: 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 under state and federal statutes.

X ADULT SIGNATURE REQUIRED

Print First Name ____

Print Last Name ____

DATE SIGNED M M D D Y Y

OFFICE USE ONLY (Optional)

Date of Determination M M D D Y Y | Household Size ☐☐ | Total Income $ ____ | Eligibility Code ☐ | Reviewer ____

10 **Ethnicity** mark one (Optional): ☐ Hispanic or Latino ☐ NOT Hispanic or Latino

Race mark one or more (Optional): ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander