

Date Received: \_\_\_\_\_

**APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS**

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>					
Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)*  *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income ( <i>Must be checked if no income</i> )
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR*, provide the name and case number for the *ONE* person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR) AT PHONE NUMBER \_\_\_\_\_.**

Homeless  Migrant  Runaway

*NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.*

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>199.99</u> / <u>weekly</u>	\$ <u>149.99</u> / <u>every other week</u>	\$ <u>99.99</u> / <u>monthly</u>	\$ <u>50.00</u> / <u>monthly</u>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. *If Part 4 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 Privacy Act Statement on the back of the next 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 that 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.*

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Last four digits of social security number: \*\*\* - \*\* - \_\_\_\_  I do not have a social security number.

**Part 6: Children's Ethnic and Racial Identities (Optional)**

Choose one ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander

**PART 7: OTHER BENEFITS:** You do not have to complete this part to get free or reduced-price school meals.

**Health Insurance**  Yes, I want health insurance for my children. School officials may give information from my Application for Free and Reduced-Price School Meals to Medicaid or Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.

No, **I DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

**Income Eligibility:**

Total Income: \_\_\_\_\_ Per: Week \_\_\_\_ Every 2 Weeks \_\_\_\_ Twice a Month \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Household Size: \_\_\_\_\_ Eligibility: Free  Reduced  Denied

**Categorical Eligibility:** SNAP/TANF  FDPIR

**Other Source Categorical Eligibility:**

Head Start  Even Start  Homeless  Migrant  Runaway  Foster Child

Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Confirmation Reviews Under Verification)

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

**185% of Poverty Level**

FEDERAL ELIGIBILITY INCOME CHART for School Year 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

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

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 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), 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.

In accordance with federal law and United States Department of Agriculture (USDA) policy, participating institutions are prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC, 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:

To save you time and effort, the information you gave on your Application for Free and Reduced-Price School Meals may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with *(Name of Program Specific to Your School)* \_\_\_\_\_.
  
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with *(Name of Program Specific to Your School)* \_\_\_\_\_.
  
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with *(Name of Program Specific to Your School)* \_\_\_\_\_.

If you checked *Yes* to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

For more information, you may call *(Name)* \_\_\_\_\_ at *(Phone)* \_\_\_\_\_ or e-mail at *(E-Mail Address)* \_\_\_\_\_.

Return this form to: *(Address)* \_\_\_\_\_ by *(Date)* \_\_\_\_\_.