Attachment IIIB

_____F _____R _____D
School Year 2002-2003
Date withdrew_____

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete this form, sign your name and return it to the school. Complete a separate application for each foster child. Call _____ if you need help.

1. CHILD IN SCHOOL:
Child's Name (Last, First, MI) Grade/Teacher School

_____

2. FOSTER CHILD: If the above named child is the legal responsibility of a welfare agency or court, check this box. ☐
List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. HOUSEHOLDS GETTING FOOD STAMPS OR AID TO DEPENDENT CHILDREN(ADC)/TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF): Complete this section and sign the application in Part 5 **OR** submit a Direct Certification letter from the Office of Temporary and Disability Assistance. Complete a separate application for children with a different case number or no case number..
Food Stamp #: _____ ADC/TANF #: _____

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or ADC/TANF number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. **See Examples** ⇨	**CURRENT INCOME/PAY PERIOD** **Examples**: $100/**weekly**, $100/**bi-weekly**, $100/ **2x per month**, $100/ **monthly** **If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.**			
List the Names of Everyone in Your Household	Earnings From Work Before Deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
2. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
3. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
4. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
5. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
6. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____
7. _____	$ ____/____	$ ____/____	$ ____/____	$ ____/____

5. SIGNATURE: An adult household member MUST sign the application before it can be approved.
I certify that all of the information is true and that the food stamp or ADC/TANF number is correct or that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE:_____**DATE:** _____**SOCIAL SECURITY #**____ ____ ____-____ ____-____ ____ ____

_____ _____ _____ _____
Home Telephone Work Telephone Home Address Zip Code

SOCIAL SECURITY NUMBER: If **Part 4** is completed, the adult who signs the application **must** provide his/her Social Security number.

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY 2 WEEKS X 2.15; TWICE A MONTH X 2

☐ FOOD STAMP, ADC/TANF
☐ INCOME HOUSEHOLD: Total Household Monthly Income: _____ Household Size: _____
Application APPROVED for: ☐ Free Meals ☐ Reduced Price Meals
☐ Temporary Free (expires in 45 days)___/___/___ ☐ Application DENIED

Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

Attachment IIIB

_____F _____R _____D
School Year 2002-2003
Date withdrew_____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete this application using the instructions for your household. Sign the application and return the application to the school. Please complete a separate application for each foster child. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 **ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION.**

(1) Print the name of the child for whom you are applying.
(2) List their grade and school.

PART 2 **HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5.** A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

(1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PARTS 4 & 5. Do not list any other children, household members or income, or a social security number.
(2) A foster parent or other official representing the child must sign the application in PART 5.

PART 3 **HOUSEHOLDS GETTING FOOD STAMPS, ADC/TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5.**

(1) List a current food stamp case number, ADC/TANF or FDPIR (Food Distribution Program for Indian Reservations) number. Complete a separate application for a child/children with a different case number.
(2) An adult household member must sign the application in PART 5. SKIP PART 4 . Do not list names of household members or income if you list a food stamp case number, ADC/TANF or FDPIR number.

PARTS 4 & 5 **ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income **(gross)** each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly, monthly, 2 x per month.**
(3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, ADC/TANF or FDPIR number, or if you are applying for a foster child, a social security number if not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent if required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp, ADC/TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. If a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

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, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964(voice and TDD). USDA is an equal opportunity provider and employer.