

APPLICATION # \_\_\_\_\_

ELIGIBILITY \_\_\_\_\_

**2010-2011 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>Part 1. Children in School (Use a separate application for each foster child)</b>				
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP or TANF case number for any member of the household. If you list a case number, skip to Part 5	CHECK BOX IF NO INCOME
			_____ - _____ ]	<input type="checkbox"/>
			_____ - _____ ]	<input type="checkbox"/>
			_____ - _____ ]	<input type="checkbox"/>
			_____ - _____ ]	<input type="checkbox"/>
			_____ - _____ ]	<input type="checkbox"/>
			_____ - _____ ]	<input type="checkbox"/>

**Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call :**  
**Mrs. Heather Bungard 412 373-5724.** Homeless  Migrant  Runaway

**Part 3. Foster Child**  
 If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

<b>1. NAME</b> (List all household members with income)	<b>2. Gross income and how often it was received</b> <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income
<i>(Example)</i> <i>Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**PLEASE TURN APPLICATION OVER AND COMPLETE PART 5**

**Part 5. Signature and Social Security Number (Adult must sign below) -----**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list 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 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 child(ren) may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

Choose one or more (regardless of ethnicity)

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

Choose one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**Don't 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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Max days allowed = 45 days)

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

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_