

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2011-2012

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 _____ Homeless _____ Migrant _____ Runaway List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income			
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: <i>Jane Doe</i>	Yes			\$0	\$600	twice a month	monthly	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
2	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
4	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
6	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
8	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.