

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Portage Public Schools, 8111 S. Westnedge Ave., Portage, MI 49002 ph: 323-5155

Part 1 – Foster Child **Yes** Child's spending money per month \$ _____. *If none available, list \$0.*
Only the foster child's spending money is counted as income on a foster child application.
Complete a separate application for each foster child.

Part 2 – **Homeless** **Migrant** **Runaway**
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the district/school Homeless Liaison or Migrant Coordinator at: 323-5140.

Part 3 - The names of all students in the household in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Assistance Program/Family Independence Program/FDPIR?*	
				If "Yes," you must list a case number.	
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____

**Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4. If you listed a Food Assistance Program/Family Independence Program/FDPIR case number for EACH child, skip to Part 5.*

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name - List everyone in the household including students in Part 3.	Earnings from work (before any deductions and taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income			Circle if NO income
	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	
Example Jane Doe	600	twice a month	monthly		twice a month	monthly	250	twice a month	monthly		twice a month	monthly	\$0
1	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
2	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
3	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
4	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
5	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
6	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
7	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0

Part 5 - Signature and Social Security Number (Adult household member must sign)
 If Part 4 is completed, the adult signing the form must also list 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 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 may lose meal benefits, and I may be prosecuted.

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

Adult Social Security Number: _____ **I do not have a Social Security Number.**

Address	City	Zip Code	County
Home Phone	Work Phone	Email	

By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 6 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: _____ (optional)

___ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

___ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (optional)

Check one or more racial identities:

___ American Indian or Alaskan Native ___ Asian
___ Black or African American ___ White
___ Native Hawaiian or Other Pacific Islander ___ Other

Check one ethnic identity:

___ Hispanic or Latino
___ Neither Hispanic nor Latino

Privacy Act Information: Social Security Number

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"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 of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Verification - This is for school use only

Date Selected for Verification: _____

Confirming Official's Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Official's Signature: _____

Sample Selection:

___ Standard Basic
___ Alternate-Random
___ Alternate-Focused

FAP/FIP Eligibility:

___ Not Confirmed
Confirmed:
___ Department of Human Services
___ Notice of Eligibility

Income

\$ _____ ___ Wage Stubs
___ Weekly ___ Written Documents
___ Every 2 Weeks ___ Collateral Contact
___ Twice a Month ___ Agency Records
___ Monthly ___ Other _____
___ Annual

Verification Result:

___ Free to Reduced
___ Free to Paid
___ Reduced to Free
___ Reduced to Paid
___ No Change

Reason For Eligibility Change:

___ Income
___ Household Size
___ Refused to Cooperate
___ Other _____

Date Adverse Notice Sent: _____

Verification Official's Signature: _____

Approval/Disapproval - 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

Household Size: _____

Total Gross Income: \$ _____

___ Weekly
___ Every 2 Weeks
___ Twice a Month
___ Monthly
___ Annual

___ Foster Child
___ Categorical Eligibility

Reason for Denial:

___ Income too High
___ Incomplete Application
___ Other (specify) _____

Eligibility:

___ Free
___ Reduced
___ Paid
___ Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____