

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

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.

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	
				every 2 weeks	twice a month	weekly	twice a month	every 2 weeks	twice a month	weekly	twice a month	every 2 weeks	twice a month
Example: Jane Doe	Yes			\$0	\$600					\$250			
1	Yes			\$0									
2	Yes			\$0									
3	Yes			\$0									
4	Yes			\$0									
5	Yes			\$0									
6	Yes			\$0									
7	Yes			\$0									
8	Yes			\$0									

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 \_\_\_\_\_ Email Address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

**Part 6 - Child's Racial/Ethnic Identity (optional)**

Check One or More Racial Identities:

American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander

Asian  
 White  
 Other

Check One Ethnic Identity:

Hispanic or Latino  
 Neither Hispanic or Latino

**Privacy Act Information:** Social Security Number \_\_\_\_\_

The Richard B. Russell 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 (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 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.

**VERIFICATION - FOR SCHOOL USE ONLY**

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____		Date of Adverse Notice Sent: _____	
Confirming Officials Signature: _____		Follow-up Official's Signature: _____		_____	
Response Due from Household: _____		Verification Official's Signature: _____		_____	
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility		Income \$ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual _____		Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change	
Confirmed: _____ _____ _____ _____		Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____		Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____	

**APPROVAL/DISAPPROVAL - 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 _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____