

2011-12 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION



MARSHALL CO

PART 1. ALL HOUSEHOLD MEMBERS ONLY FILL OUT ONE APPLICATION PER FAMILY

Names of <u>ALL</u> household members (First, Middle Initial, Last)	<b>Grade</b> for each child enrolled in our school or NA if child is not in school	Check if this person has NO income	Check if this is a <b>foster child</b> (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **SNAP (FOOD STAMPS) or KTAP CASH ASSISTANCE** PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, GO TO PART 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**(DO NOT PUT MEDICAL CARD, MEDICAID, OR K-CHIP INS. CARD NUMBER)**

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL LEDONIA WILLIAMSON at 270-527-8628 HOMELESS  MIGRANT  RUNAWAY

PART 4. HOUSEHOLD INCOME

NAME (List <u>only</u> household members with income)	LIST GROSS INCOME AND HOW OFTEN IT IS RECEIVED. FOR EXAMPLE: WEEKLY, EVERY OTHER WEEK, TWICE MONTHLY, MONTHLY			
	Earnings From Work before deductions & /how often it is received	Welfare, child support, alimony & /how often it is received	Pensions, retirement, Social Security, SSI, VA benefits & /how often it is received	All Other Income & /how often it is received
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN) An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of 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 children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* -  I do not have a Social Security Number

OTHER BENEFITS SCHOOL OFFICIALS MAY USE THIS INFORMATION TO PROVIDE OTHER EDUCATIONAL BENEFITS TO MY CHILDREN

FREE TEXTBOOKS \_\_\_ REDUCED FEES\_\_\_ VOCATIONAL EDUCATION BENEFITS\_\_\_

IF YOU CHECKED ANY OF THE ABOVE SIGN HERE \_\_\_\_\_

PARENT/GUARDIAN

DATE

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

**DO NOT 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: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Expires on \_\_\_\_\_ (expires after \_\_\_\_\_ days)

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

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

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

Date Withdrawn: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2011-12			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

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."