

FY 2009-10 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS ONE APPLICATION PER HOUSEHOLD

IF YOU RETURN A DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPİR TO YOUR CHILD'S SCHOOL YOU DO NOT NEED TO FILL OUT THIS FORM.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Please call the following number if you need help: Randy Tremble, Food Service Supervisor 267-3796

<p>1 STUDENT INFORMATION – Please print.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">STUDENTS NAME</th> <th style="width: 10%;">GRADE</th> <th style="width: 20%;">NAME OF SCHOOL</th> <th style="width: 15%;">FOOD STAMP CASE NO. IF APPLICABLE</th> <th style="width: 25%;">TAFI/FDPIR CASE NO. IF APPLICABLE</th> </tr> </thead> <tbody> <tr><td>1 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	STUDENTS NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO. IF APPLICABLE	TAFI/FDPIR CASE NO. IF APPLICABLE	1 _____	_____	_____	_____	_____	2 _____	_____	_____	_____	_____	3 _____	_____	_____	_____	_____	4 _____	_____	_____	_____	_____	5 _____	_____	_____	_____	_____	6 _____	_____	_____	_____	_____	<p>2 List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.</p>
STUDENTS NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO. IF APPLICABLE	TAFI/FDPIR CASE NO. IF APPLICABLE																																
1 _____	_____	_____	_____	_____																																
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4 _____	_____	_____	_____	_____																																
5 _____	_____	_____	_____	_____																																
6 _____	_____	_____	_____	_____																																

3 FOSTER CHILD: Check box if applying for a foster child. Complete a separate application for each foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4 HOUSEHOLD MEMBERS AND INCOME: List all members not listed above. If you listed a food stamp, TAFI, or FDPİR number for each child, skip to Part 5.

List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income		
	NO INCOME	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1 _____	<input type="checkbox"/>								
2 _____	<input type="checkbox"/>								
3 _____	<input type="checkbox"/>								
4 _____	<input type="checkbox"/>								

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.

CHECK HERE: If children listed on the application are new to this school or did not receive free and reduced meals last year.

SOCIAL SECURITY NUMBER*

X _____
Signature of Adult Household Member

I do not have a Social Security Number

Printed Name of Above Signature _____ Home Phone No. _____ Work Phone No. _____

Street/Apt. Number _____ P. O. Box No. _____

City _____ State _____ Zip _____ Date Signed _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

ASIAN
 WHITE
 BLACK OR AFRICAN AMERICAN
 AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 OTHER

Mark one ethnic identity:

HISPANIC OR LATINO
 NON HISPANIC OR LATINO

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 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 Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPİR) case number or other FDPİR 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 review, and law enforcement officials to help them look into violations of program rules.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

<p>ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12</p> <p><input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD</p> <p><input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____</p>		<p>DENIED:</p> <p><input type="checkbox"/> Income Over Allowed Amount</p> <p><input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other</p>	
<p>TEMPORARY APPROVAL FOR:</p> <p><input type="checkbox"/> Free Meals, expires _____</p> <p><input type="checkbox"/> Reduced-Price Meals, expires _____</p>	<p>APPROVED FOR:</p> <p><input type="checkbox"/> Free Meals</p> <p><input type="checkbox"/> Reduced-Price Meals</p> <p>_____ WITHDRAWAL DATE</p>	<p>VERIFICATION RESULTS:</p> <p><input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free</p> <p><input type="checkbox"/> Ineligible (Reason) _____</p> <p>Signature of Confirming Official _____</p>	
<p>Signature of Determining Official: X _____</p>		<p>Signature of Verifying Official: X _____ Date _____</p>	
Date Sent: _____	Date Notice Sent: _____	Date 1st Notification Sent: _____	Date 2 nd Notification Sent: _____