

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2011 - 2012

PART 1. ALL HOUSEHOLD MEMBERS (PLEASE LIST ADULTS FIRST)			
Names of ALL Household Members (First, Middle Initial, Last) PLEASE LIST ADULTS FIRST	School Name where student is attending	(State Snap) case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME
1)			<input type="checkbox"/>
2)			<input type="checkbox"/>
3)			<input type="checkbox"/>
4)			<input type="checkbox"/>
5)			<input type="checkbox"/>
6)			<input type="checkbox"/>
7)			<input type="checkbox"/>
8)			<input type="checkbox"/>
Total Household Size =			
PART 2: IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATELY AND CALL (575) 769-4300 EXT. 5411. HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>			
PART 3: FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check here <input type="checkbox"/> and skip to Part 5.			
PART 4: TOTAL HOUSEHOLD GROSS INCOME: YOU MUST TELL US HOW MUCH AND HOW OFTEN. ONLY LIST HOUSEHOLD MEMBERS WHO HAVE INCOME BELOW.			

1) NAME:

Earnings from Work (Amount)	How Often (Check Box)	Welfare, child support, alimony	How Often (Check Box)	Pensions, Social Security, SSI, VA Benefit, Retirement	How Often (Check Box)	Other Income	How Often (Check Circle)
\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly
\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks
\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly

4) NAME:

Earnings from Work (Amount)	How Often (Check Box)	Welfare, child support, alimony	How Often (Check Box)	Pensions, Social Security, SSI, VA Benefit, Retirement	How Often (Check Box)	Other Income	How Often (Check Circle)
\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly
\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks
\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly

3) NAME:

Earnings from Work (Amount)	How Often (Check Box)	Welfare, child support, alimony	How Often (Check Box)	Pensions, Social Security, SSI, VA Benefit, Retirement	How Often (Check Box)	Other Income	How Often (Check Circle)
\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly	\$	<input type="checkbox"/> Weekly
\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks	\$	<input type="checkbox"/> Every 2 Wks
\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Monthly

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PART 5: SIGNATURE AND SOCIAL SECURITY NUMBER (ADULTS MUST SIGN):

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her last 4 digits of their Social Security Number or mark the "I do not have a Social Security Number" box.**

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.

Signature: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Date: _____

Social Security Number: XXX - XX - ____ - ____ - ____ I do not have a Social Security Number

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	

INCOME ELIGIBILITY GUIDELINES FY 2011 - 2012

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

HOUSEHOLD SIZE	REDUCED		
	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

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 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. 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."

DON'T 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: Food Stamps: _____ Foster Child: _____ Free: _____ Reduced: _____ Full Price/Denied Reason: _____

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

Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

A household member is any child or adult living with you.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM STATE SNAP OR State TANF OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS FDPIR, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the school name for each child, and the **SNAP case number** for any household member (including adults) receiving State SNAP or State TANF or FDPIR benefits.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. List the last 4 digits of your Social Security Number.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS STATE SNAP OR STATE TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2.

Part 5: Sign the form. List the last 4 digits of your Social Security Number.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income."

Part 2: Skip this part.

Part 3: Check the box.

Part 4: Skip this part.

Part 5: Sign the form. List the last 4 digits of your Social Security Number.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income:

- **List Name (this is the person you will report the income for):**
- **Box 1—Earnings from work: Gross Income and how often it was received.** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub.
- **Box 2—How often do you receive the income.**
- **Box 3—List cash welfare benefits, child support, and alimony.** List the amount each person got for the month from welfare, child support, alimony
- **Box 4—How often do you receive cash welfare benefits, child support, and alimony.**
- **Box 5—List pensions, social security, SSI, VA Benefits, and retirement.** List pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.
- **Box 6—List how often you receive pensions, social security, SSI, VA Benefits, and retirement.**
- **Box 7—List any other income received.** Any other income not reported above.
- **Box 8—List how often you receive other income.**

If there is income for other family members list in the following section.

Part 5: Adult household member must sign the form and list the last 4 digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.
