

ATTACHMENT C

Date Received: _____

FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS					
Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)* *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives *SNAP*, *TANF*, or *FDPIR*, provide the name and case number for the *ONE* person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL HOMELESS LIAISON OR MIGRANT COORDINATOR AT PHONE NUMBER) _____.

Homeless Migrant Runaway

NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>199.99</u> / <u>weekly</u>	\$ <u>149.99</u> / <u>every other week</u>	\$ <u>99.99</u> / <u>monthly</u>	\$ <u>50.00</u> / <u>monthly</u>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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 the next 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 that 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:** _____

Date: _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Last four digits of social security number: *** - ** - ____ _ I do not have a social security number.

Part 6: Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to get free or reduced-price school meals.

Health Insurance Yes, I want health insurance for my children. School officials may give information from my Free and Reduced-Price School Meals Application to Medicaid or Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or Sooner Care Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

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: _____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Temporary: Free ____ Reduced ____ Time Period: _____ (Expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

(For Confirmation Reviews Under Verification)

Verifying Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

185% of Poverty Level

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

FEDERAL ELIGIBILITY INCOME CHART for School Year <u>2012</u>			
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

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), 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.

Nondiscrimination 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."

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with *(Name of Program Specific to Your School)* _____.

- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with *(Name of Program Specific to Your School)* _____.

- Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with *(Name of Program Specific to Your School)* _____.

If you checked *Yes* to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call *(Name)* _____ at *(Phone)* _____ or e-mail at *(E-Mail Address)* _____.

Return this form to: *(Address)* _____ by *(Date)* _____.