

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2023-24

Return Completed Application to:		<i>(Insert School Name & Mailing Address here)</i>					
Part 1: Children in School							
List names of all children in school (First, Middle Initial, Last). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends		Check all that apply: Homeless, Migrant, Runaway Foster Child			
				<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: Assistance Programs – SNAP, TANF or FDPIR Benefits							
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4							
Part 3: Total Household Gross Income – You must tell us how much and how often.							
1. Household Members		2. Gross Income (before taxes) and How Often it was Received					
List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
		Income	How often	Income	How often	Income	How often
Total Number of Household Members: _____ (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____				Check if no SSN <input type="checkbox"/>	
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.							
<i>"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."</i>							
Sign here:		Print name:			Date:		
Street Address (if available):				Zip:		Daytime Phone:	
Part 5: Children's Ethnic and Racial Identities – Optional							
Check one Ethnic Identity:		Check one or more Racial Identities:					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander					
Do Not Fill Out the Section Below - For School Use Only							
Annual Income Conversion:		Weekly X 52;		Every 2 weeks X 26;		Twice a month X 24; Monthly X 12	
Total Household Size: _____		<input type="checkbox"/> Free		<input type="checkbox"/> Reduced		<input type="checkbox"/> Denied	
Total Income: _____ per		<input type="checkbox"/> Income		Reason for denial:			
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week		<input type="checkbox"/> Categorically eligible:		<input type="checkbox"/> Income too high			
		<input type="checkbox"/> SNAP/TANF/FDPIR		<input type="checkbox"/> Incomplete application			
		<input type="checkbox"/> Foster Child					
		<input type="checkbox"/> Homeless/Migrant/Runaway:					
		<i>(Official Documentation Required at School)</i>					
Signature of Determining Official:				Date Approved:			
FOR THE VERIFICATION PROCESS ONLY:							
Signature of Confirming Official:				Date Confirmed:		Date Withdrawn From School:	
Signature of Verifying Official:				Date Verified:			