

2014 SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 ___ Homeless ___ Migrant ___ Runaway List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.
Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Session #/Name or Site Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income			
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: <i>Jane Doe</i>	Yes			\$0	\$600	weekly	every 2 weeks		weekly	every 2 weeks	\$250	weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
2	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
4	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
6	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly
8	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address	City	Zip Code	County
Home/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

<p>Part 6 - Child's Racial/Ethnic Identity (optional)</p> <p>Check One or More Racial Identities:</p> <p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other </p>	<p>Check One Ethnic Identity:</p> <p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Neither Hispanic or Latino </p>
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Privacy Act Information: Social Security Number

The Richard B. Russell 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 (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.*

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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.

APPROVAL/DISAPPROVAL - For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<p>Household Size: _____</p> <p>Total Gross Income: \$ _____</p> <p> <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual </p>	<p>_____ Categorical Eligibility</p> <p>Eligibility:</p> <p>_____ Number of Children Eligible</p> <p>_____ Number of Non-eligible Children</p>	<p>Reason for Denial:</p> <p>_____ Income Too High</p> <p>_____ Incomplete Application</p> <p>_____ Other (specify) _____</p>
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Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____