

2016-17 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Please Complete One Application Per Household

Part 1. All Household Members												
(A) Names of ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	(B) Name of Each Child's School or Indicate NA if Child is NOT in School	(C) Place a check in the box if NO income	(D) Check benefits received.		(E) SNAP or TANF Case # (not EBT card #)							
			SNAP	TANF								

Part 2. Place a check in the box below if a child listed above is a foster child, homeless, migrant, runaway, or head start child
 Foster Child Homeless Migrant Runaway Head Start

Part 3. Total Household Gross Income—You must tell us how much and how often.

A. Name (List ONLY household members with income)	B. List income and circle how often it's received. Record each income only once. (A – Annually, M – Monthly, BM - Bi-monthly, W - Weekly, BW - Bi-weekly)																			
	Earnings from work before deductions				Welfare, child support, alimony				Pensions, retirement, Social Security				C. List other income							
1.	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
2.	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
3.	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
4.	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
5.	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW

Part 4. Signature and Last Four Digits of the Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her last four digits of the Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)
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 the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program and Medicaid agencies as part of the state's participation in Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ **Print name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **E-mail Address:** _____
Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number **Date:** _____

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities:
 American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Other: _____

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Don't fill out this part. This is for district/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:** _____
Determining Official's Signature: _____ **Date:** _____
Confirming Official's Signature: _____ **Date:** _____
Verifying Official's Signature: _____ **Date:** _____

INSTRUCTIONS

IF ANYONE IN YOUR HOUSEHOLD RECEIVES SNAP &/OR TANF BENEFITS

Part 1: (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check box if any household member is a SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits. **Part 2:** If any child you are applying for is homeless, migrant, a runaway, or head start recipient check the appropriate box and call Mrs. Mitzi Meador at 864-429-1740 Ext.140. **Skip Part 3.**

Part 4: An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one).

Part 5: Answer this question, if you choose.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS, BUT A CHILD IS HOMELESS, A MIGRANT, RUNAWAY OR HEAD START

Part 1: (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends.

Skip Parts 1 (C), (D), (E)

Part 2: Check the appropriate box for the child you are applying for who is homeless, migrant, a runaway, or head start and call Mrs. Mitzi Meador at 1-864-429-1740 Ext.140.

Part 3: Complete this section using the instructions shown below for “All Other Households.”

Part 4: An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one).

Part 5: Answer this question, if you choose.

IF YOU HAVE A FOSTER CHILD

If all children in the household are foster children:

Part 1: (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check if SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.

Part 2. Check the Foster Child box. **Skip Part 3.**

Part 4: An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

If only some of the children in the household are foster children:

Part 1: (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check box if SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.

Part 2: If any child is homeless, migrant, or a runaway, check the appropriate box and call Mrs. Mitzi Meador at 864-429-1740 Ext. 140.

Part 3: Complete this section using the instructions shown below for “All Other Households.”

Part 4: An adult household member must sign, complete requested information, and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.

ALL OTHER HOUSEHOLDS

Part 1: (A) List all household members. A household member is any child or adult living with you. (B) List the school each child attends. (C) For any person (including children) with no income, check the “No Income” box. (D) Check if SNAP or TANF recipient. (E) List the case number for any household member (including adults) receiving SNAP and/or TANF benefits.

Part 2: If any child is homeless, migrant, or a runaway, check the appropriate box and call Mrs. Mitzi Meador at 864-429-1740Ext. 140.

Part 3: (A.) List all household members (including children) with income. (B.) For each household member, list each type of income received for the month and how often it is received - (For example: A – Annually, M – Monthly, BM - Bi-monthly, W - Weekly, BW- Bi-weekly). List gross income from a pay stub before taxes and other deductions, not take-home pay. For ONLY the self-employed, under “Gross Earnings from Work,” report income after expenses for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these amounts as income. List the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security. (C.) For other income, list Supplemental Security Income (SSI), Veteran’s (VA) benefits, and/or disability benefits. Under “All Other Income,” list workers’ compensation, unemployment, or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the household from the placing agency. **Part 4:** An adult household member must sign and list the last four digits of their Social Security Number (or mark the box if she/he doesn’t have one). **Part 5:** Answer this question, if you choose.