



## Application Instructions

### **If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: **Use a separate application for each foster child.** List the child's name, school, and grade. Do not list other household members. A foster child is considered a household of one.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.
- Part 8: Answer this question if you choose to.

**[If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator.]** Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

### **If anyone in your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: Answer the question by circling either YES or NO. If you circle YES, you must list a case number in the space provided for the specific program.
- Part 4: Fill out with only the student's names, grades and schools in your household. Filling in non-student names is not necessary.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part if it was not applicable to your household.
- Part 4: Follow these instructions to report **all** household members:
- Column 1 - Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Be sure to include all students. Attach another sheet of paper if needed.
  - Column 2 - Grade:** Fill in the grade of each student in your household.
  - Column 3 - School Name:** Fill in the school name each student in your household is attending.
- Part 5: Gross Income: Use this section to report all income in your household from the previous month: For all household members (including students, young children, grandparents, relatives, etc) that are not receiving any income, **circle the \$0 indicating NO income for that person.**
- o Next to each person's first and last name list each type of income received last month. *Next to the amount circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
  - o **Earnings from work:** List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
  - o **All other income:** List the amount each person got last month from welfare, child support, and alimony in the next column. List the amount each person got last month from pensions, retirement, and Social Security in the respective column. List All Other Income sources in the last column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
- Part 6: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 7: Skip this part.
- Part 8: Answer this question if you choose to.



**Part 7 - Foster Children** *In most cases foster children are eligible for free meals regardless of your household income.*  
 Foster/ Home License Number: \_\_\_\_\_ (optional)  
 A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.  
 B. The child is a resident of a licensed "Group Foster home or residential institution."

**Part 8 - Child's Racial/Ethnic Identity (optional)**  
 Check One or More Racial Identities:  
 American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
 Black or African American \_\_\_\_\_ White \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Check One Ethnic Identity:  
 Hispanic or Latino \_\_\_\_\_  
 Neither Hispanic or Latino \_\_\_\_\_

**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 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, Temporary Assistance for Needy Families (TANF) program or Food Distribution Program on Indian Reservations (FDPIR) case number or other D-THR 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 educational, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs; students 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) 720-6582 (TTY). USDA is an equal opportunity provider and employer."

**VERIFICATION - FOR SCHOOL USE ONLY**

Date Selected for Verification: _____ Confirming Officials Signature: _____ Response Due from Household: _____		Date Follow-up/Second Notice: _____ Follow-up Officials Signature: _____	
<b>FAP/IFIP Eligibility:</b> Not certified _____ Department of Human Services Notice of Eligibility _____	<b>Income</b> \$ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual _____	<b>Wage Status</b> Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	<b>Verification Result</b> Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change _____
<b>Reason for Eligibility Change:</b> Income _____ Household Size _____ Refused to Cooperate _____ Other _____		<b>Date of Adverse Notice Sent:</b> _____ <b>Verification Official's Signature:</b> _____	

**APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY**

Household Size: _____ Total Gross Income: \$ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual _____	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 Foster Child _____ Categorical Eligibility _____ <b>Eligibility:</b> Free _____ Reduced _____ Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	<b>Reason for Denial:</b> Income Too High _____ Incomplete Application _____ Other (specify) _____
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Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Dropped/Withdrawn: \_\_\_\_\_