

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME						
Do not complete this section if you completed Part 1. List the names of EVERYONE living in your household, including yourself and any children listed in Part 2a. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below. Do not include foster children.						
NAMES of Household Members FIRST MI LAST	Gross MONTHLY Earnings (before deductions)		MONTHLY Welfare Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income	
	Job 1	Job 2				
1.						
2.						
3.						
4.						
5.						
6.						
7.						

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income				
Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)		
Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black, or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS	
An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.	

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Please sign here: X _____		
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

**PART 6: OTHER BENEFITS: Your family may be eligible for MORE benefits. You do not have to complete this part to receive free and reduced-price meals. CHECK AND SIGN BELOW.**

- Do you need free health insurance for your children?** Please check this box and sign below if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more! *Please do not check the box if you already receive Medicaid and get a monthly DSHS green and white card (coupon).* For more information call 1-877-KIDSNOW (543-7669).
- Check here and sign below if you want to give school officials permission to use the information provided on this application to determine your children's eligibility for \_\_\_\_\_  
(list name(s) of program(s) specific to your school)

I understand that I will be releasing information that shows that I am applying for free and reduced-price benefits under Child Nutrition Programs. For these purposes only, I waive my confidentiality.

Please sign here: X \_\_\_\_\_  
Signature of Parent/Guardian Date

*\*Privacy Act Statement: National School Lunch Act (Section 9) - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.*

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
  - Income Household
  - Foster Child
- Total Household Monthly Income \$ \_\_\_\_\_  
Total Household Size \_\_\_\_\_

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

\_\_\_\_\_ Date Notice Sent \_\_\_\_\_ Signature of Approving Official \_\_\_\_\_ Date

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		<input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Confirmed
Response Due From Household			
Second Notice Sent			
		<input type="checkbox"/> Basic Food/TANF Office	<input type="checkbox"/> Notice of Eligibility

MONTHLY INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_ Date Adverse Notice Sent \_\_\_\_\_  
Signature of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_