

PART 1. FOOD STAMP/TEMPORARY ASSISTANCE BENEFITS

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below. Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, fill out Part 2 completely.

Name: _____ Case Number: 0 0 _____

PART 2. HOUSEHOLD INFORMATION

1. Name – list everyone in household If Part 1 is complete list only students	2. Name of school building Name of school building for each child/student or indicate N/A if not in school	3. Grade	4. Check if a foster child legal responsibility of welfare agency or court	5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)								6. Check if no Income
				Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, social security, SSI, and VA benefits		All other income		
				Income	How often	Income	How often	Income	How often	Income	How often	
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<input type="checkbox"/>									<input type="checkbox"/>
			<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 3. HOMELESS, MIGRANT, OR RUNAWAY STUDENT

If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

PART 4. SIGNATURE (ADULT MUST SIGN)

An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his or her last four digits of their social security number or mark the “I do not have a social security number” box. (See Privacy Act Statement.)

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 the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone number: _____ Last 4 digits of social security number: *** - ** - ____ I do not have a social security number

The Richard B. Russell National 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 digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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 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.

PART 5. STUDENT’S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark ethnic identity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native
---	---

Non-discrimination Statement: 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](http://www.ascr.usda.gov/complaint_filing_cust.html) (PDF), 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.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____ Date withdrawn: _____

Determining Official’s Signature: _____ Date Approved/Denied: _____

Confirming Official’s Signature (For verification purposes only): _____ Date: _____

IF YOUR HOUSEHOLD GETS FOOD STAMPS OR TEMPORARY ASSISTANCE, FOLLOW THESE INSTRUCTIONS:

- Part 1:** If any child or adult in the household receives Food Stamps or Temporary Assistance benefits, provide the name of the person receiving the benefits and the case number. Food Stamp/Temporary Assistance case numbers are a ten-digit number; the first two digits currently are "00" and are printed on the application. A 16-digit Electronic Benefit Transfer (EBT) Card number is NOT acceptable. Currently, an EBT number starts with "5076". If you do not know your Food Stamp/Temporary Assistance case number, call the local Family Support Division, Social Services office.
- Part 2:** List Student(s) name(s), school building and grade.
- Part 3:** Skip this part.
- Part 4:** Sign the application. The last four digits of a social security number are not required.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

IF ANY STUDENT YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CONTACT THE SCHOOL/DISTRICT HOMELESS LIAISON/MIGRANT COORDINATOR.**IF YOU ARE APPLYING FOR A FOSTER CHILD OR A HOUSEHOLD WITH A FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** List student(s) name(s), school building and grade. Check the box if the student is a foster child (legal responsibility of welfare agency or court). Provide the amount of the foster child's personal use income or earnings. Write "0" if the foster child has no personal use income. List all non-foster children in the household, name of school building, and grade and any income they receive. If there are non-foster children in the household, follow directions in All Other Households, Part 2, columns 1, 5 and 6.
- Part 3:** Skip this part.
- Part 4:** If the form is only for foster children, the last four digits of the social security number of the adult signing the form are not necessary. If non-foster children are in the household, list the last four digits of the social security number of the adult signing the form or check the box if they do not have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** Follow these instructions to report total household income from last month:
- 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) including yourself. Attach another sheet of paper if you need more room to list all household members.
- Column 2 – Name of School Building:** Indicate the school building each student attends.
- Column 3 – Grade:** Indicate the grade level of each student.
- Column 4 – Foster Child:** If any student is a foster child (legal responsibility of a welfare agency or court), check the box.
- Column 5 –Gross income last month and how often it was received:** Next to each household member's name list each type of income received last month, and how often it was received. For example, *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.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, social security; and all other income in the appropriate categories. In the other income column, include 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. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.
- Column 6–Check if no income:** If the person does not have any income, check the box.
- Part 3:** Skip this part.
- Part 4:** An adult household member must sign the form and list the last four digits of the social security number of the adult signing the form, or mark the box if he or she doesn't have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.