

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 - Foster Child**  Yes Child's spending money per month \$ \_\_\_\_\_. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**  
 Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

**Part 2 -** \_\_\_\_ Homeless \_\_\_\_ Migrant \_\_\_\_ Runaway **Only list the child's name, grade and school in Part 4.**  
 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 \_\_\_\_\_

**Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)**  
**If yes, you MUST list a case number - Food Assistance Program # \_\_\_\_\_ Family Independence Program # \_\_\_\_\_ FDPIR # \_\_\_\_\_**  
 \* Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

| Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you. |                       |                               | Part 5 - Total Household Gross Incomes<br>Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6. |  |               |                                 |               |                                       |               |                  |               |               |               |               |
|---|-----------------------|-------------------------------|--|--|---------------|---------------------------------|---------------|---------------------------------------|---------------|------------------|---------------|---------------|---------------|---------------|
| Names (Last, First)   | Grade (if applicable) | Building 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: Doe, Jane  |                       |                               | \$0  | \$600  | monthly       |                                 | monthly       | \$250                                 | monthly       |                  | monthly       |               | monthly       |               |
| 1   |                       |                               | \$0  |  | weekly        | every 2 weeks                   | weekly        | every 2 weeks                         | weekly        | every 2 weeks    | weekly        | every 2 weeks | weekly        | every 2 weeks |
| 2   |                       |                               | \$0  |  | twice a month | monthly                         | twice a month | monthly                               | twice a month | monthly          | twice a month | monthly       | twice a month | monthly       |
| 3   |                       |                               | \$0  |  | weekly        | every 2 weeks                   | weekly        | every 2 weeks                         | weekly        | every 2 weeks    | weekly        | every 2 weeks | weekly        | every 2 weeks |
| 4   |                       |                               | \$0  |  | twice a month | monthly                         | twice a month | monthly                               | twice a month | monthly          | twice a month | monthly       | twice a month | monthly       |
| 5   |                       |                               | \$0  |  | weekly        | every 2 weeks                   | weekly        | every 2 weeks                         | weekly        | every 2 weeks    | weekly        | every 2 weeks | weekly        | every 2 weeks |
| 6   |                       |                               | \$0  |  | twice a month | monthly                         | twice a month | monthly                               | twice a month | monthly          | twice a month | monthly       | twice a month | monthly       |
| 7   |                       |                               | \$0  |  | weekly        | every 2 weeks                   | weekly        | every 2 weeks                         | weekly        | every 2 weeks    | weekly        | every 2 weeks | weekly        | every 2 weeks |

**Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)**  
 If Part 5 is completed, the adult signing the form must also list 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 school will get Federal Funds based on the information I give. I understand that school 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: \_\_\_\_\_**

**Adult Social Security Number: \_\_\_\_\_  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 e-mail of your eligibility for free and reduced price school meals. |