

**APPLICATION FOR FREE AND REDUCED PRICE MEALS**

(See next page for complete instructions.)

New Applicant  
 Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name.

**Part 1. Children's Names**

Child's Name	School Center	or	Foster	Age	Child's Name	School Center	or	Foster	Age
1					4.				
2					5.				
3					6.				

**Part 2. Households receiving SNAP, TANF, or FDPIR:** If any member of your household is NOW receiving SNAP, TANF, and FDPIR, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult.

SNAP Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPIR Case Number: \_\_\_\_\_

**Part 3. Is this child a migrant, homeless, or runaway?**

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # \_\_\_\_\_ Homeless  Migrant  Runaway

**Part 4. Total Household Income from Last Month – You must tell us how much and how often**

A. Name (List everyone in household)	B. Income – list how much you get each pay day and how often you get paid Example: \$100/month \$100/twice a month \$100/ every other week \$100/weekly				C. Check If No Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
	\$ /	\$ /	\$ /	\$ /	<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 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark 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/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_

Last 4 digits of Social Security

Number: \_\_\_\_\_  I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  American Indian or Alaska Native  White  
 Native Hawaiian or Other Pacific Islander  Black or African American

**FOR SCHOOL/CENTER USE ONLY**

SNAP / FDPIR / TANF or other eligible program household categorically eligible free:  Yes  No

Total monthly income: \_\_\_\_\_  
 Household Size: \_\_\_\_\_

Eligibility Classification:  Free  Reduced Price  Paid

Not Eligible:  Over income  Incomplete information

Temporary Free Eligible Until \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Change in Status Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_