

**2017-2018 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD**

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>

** If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: _____ SNAP or TANF Case Number (do not use 16 digit EBT card number): _____ (Case number is 7-12 digits)

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator. Complete Parts 1, 4, 5, 6, and 7.

Homeless Migrant Runaway

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

EXAMPLE: <i>Jane Doe</i>	Names of all Household Members (include the children in school above) Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.	Age	List Gross Income before any deductions. While in how often income is received. Use the following: (W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly		Child Support, Alimony Payments, Alimony/Child Support Payments	Pensions, Retirement, Social Security, Supplemental Security Income, Retirement Income, Veterans Payments, Social Security	All Other Income Disability Benefits, Cash from Savings, Interest/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Rollovers/Annuities/Net Rental Income, Any Other Income					
			Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm	Job 1 \$ Amount/How Often				Job 2 \$ Amount/How Often	Welfare \$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	
1.		32	\$ 1,800	/ 2M	\$ 0	/	\$ 0	/	\$ 0	/	\$ 0	/
2.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
3.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
4.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
5.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
6.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
7.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/
8.			\$ /	/	\$ /	/	\$ /	/	\$ /	/	\$ /	/

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question. Racial Identifiers: Choose one or more of the following racial identifiers (in addition to ethnicity). Ethnic Identifiers: Choose one of the following:

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

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals. NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application). I certify (promise) that all information on this application is true and that all incomes is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposefully give false information, my children may lose meal benefits and may be prosecuted under state and federal laws.

XXXX-XX-XXXX I Do Not Have A Social Security Number

Last four digits of Social Security Number of Adult Signing Application _____ Signature of Adult Household Member _____ Date _____

Mailing Address: _____ City: _____ Zip Code: _____ Home Phone: _____ Work Phone: _____

TOTAL INCOME/HOW OFTEN: \$ _____ / HOUSEHOLD SIZE _____ Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

Transferred/Withdrawn Date: _____ Transferred To: _____ DO NOT WRITE BELOW LINE - SCHOOL USE ONLY

Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid

Reason for Change: Income Household Size SNAP/TANF Eligibility SNAP/TANF Eligibility