FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2009 F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School

Food Stamp Number ☐ Letter — TANF Number ☐ Letter — Foster Child Monthly Income

Child's Last Name	First	M.I.	Grade	Room	School

Food Stamp Number ☐ Letter — TANF Number ☐ Letter

Child's Last Name	First	M.I.	Grade	Room	School

Food Stamp Number ☐ Letter — TANF Number ☐ Letter

Child's Last Name	First	M.I.	Grade	Room	School

Food Stamp Number ☐ Letter — TANF Number ☐ Letter

2. **TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS** _____
ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Names	Current Monthly Income				
All Other Household Members	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
1.	$	$	$	$	☐
2.	$	$	$	$	☐
3.	$	$	$	$	☐
4.	$	$	$	$	☐
5.	$	$	$	$	☐

3. **SIGNATURE: An adult household member must sign the application and list his or her social security number before it can be approved.**

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult:_____ **Social Security Number:** ___-___-____ ☐ **I do not have a Social Security Number**

Printed Name:_____ **Home Phone:**_____ **Work Phone:**_____

Home Address **Zip Code** **Date**

Privacy Act Statement. Unless you list the child's food stamp or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF office to determine current certification for food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to 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.

For School Use Only: Food stamp/FDPIR/TANF household categorically eligible free: [ ] Yes [ ] No

Total monthly income: _____ Approved Free: _____ Approved Reduced:_____ Denied:_____

Determining official:_____ Signature:_____ Date:_____