

2011-2012 Application for Free and Reduced Price School Meals
 (This form may be used only if participating in the federal Child Nutrition programs)

 Last Name(s) of Family

 Mailing Address, City, Zip Code

 Telephone Number

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

Part 1. Student Information. List all students attending [School District Name]; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court.				Student income; please provide income information for all students. This is income that is received by the student only.			
Last Name, First Name	School	Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other
Anna Smith			<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Benny Smith			<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ 150 _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above		List all current gross income and check how often it was received.			
Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
Caroline Smith	<input type="checkbox"/>	\$ 1400.82 _____ <input checked="" type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Darren John	<input checked="" type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
 Your information **WILL** be shared unless you check the box below.
 Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. 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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only):** XXX - XX - 8 8 8 8 I do not have a Social Security Number

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 children may lose meal benefits, and I may be prosecuted.

Sign here: **X** Caroline Smith Date: _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: **Free** _____ **Reduced**: _____ **Denied**: _____
 Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____
 Determining Official's Signature: _____ Date: _____

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Last Name, First Name	School	Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other
Anna Smith			<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Benny Smith			<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Megan Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above		List all current gross income and check how often it was received.			
Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

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Sign here: X **Caroline Smith** _____ **Date:** _____

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Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ **Eligibility:** Free _____ Reduced: _____ Denied: _____
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Last Name, First Name	School	Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other
Anna Smith			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Benny Smith			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Megan Brown			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

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Part 4. List all household members not listed above

Name	No Income	List all current gross income and check how often it was received.			
		Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

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Sign here: X **Caroline Smith** _____ **Date:** _____

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Benny Smith			<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ 150 _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
Megan Brown			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above		List all current gross income and check how often it was received.			
Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement Social Security	Other
Caroline Smith	<input type="checkbox"/>	\$ 1400.82 _____ <input checked="" type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
Darren John	<input checked="" type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.
 Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. 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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only):** XXX - XX - 8_8_8_8_ I do not have a Social Security Number

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 children may lose meal benefits, and I may be prosecuted.

Sign here: X **Caroline Smith** _____ **Date:** _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: Free _____ Reduced: _____ Denied: _____
Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____
Determining Official's Signature: _____ Date: _____