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# INSTRUCTIONS FOR APPLYING

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

IF SOMEONE IN YOUR HOUSEHOLD RECEIVES BENEFITS FROM FOODSHARE, W-2 CASH BENEFITS OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members, the school name for each child, and the case number for any household member (including adults) receiving **FoodShare** or **W-2 Cash Benefits** or **FDPIR** benefits.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS FOODSHARE OR W-2 CASH BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name for each child.

**Part 2:** Check the appropriate box.

**Part 3:** Skip this part.

**Part 4:** Complete only if a child in your household is not eligible under Part 2. See instructions for All Other Households.

**Part 5:** Sign the form. A Social Security Number is not necessary if you did not need to fill in Part 4.

**Part 6:** Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: **\*KINSHIP APPLICANTS FOLLOW INSTRUCTIONS ABOVE**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and, if the child has no personal income, check the box "no income."

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list Social Security Number (or mark the box if s/he does have one).

**Part 6:** Answer this question, if desired.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)**  
**DO NOT LIST:** Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. **Please fill in Part 4 if you are not receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDIPR) at this time.**

Names of household members (First, Middle Initial, Last)	School Child Attends	FoodShare, W-2 Cash Benefits or FDPIR case number for any member of the household. <b>If you list a case number, skip to Part 5</b>	CHECK IF NO INCOME
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS  MIGRANT  RUNAWAY**

**PART 3. FOSTER CHILD** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. **Skip to Part 5.**

**PART 4. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us how much and how often

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____
	\$_____/____	\$_____/____	\$_____/____	\$_____/____

**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 also must list 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 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: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander