

**REQUIRED FORM FOR ALL STUDENTS- Section 1 & Section 2 MUST be completed.**

**2009-2010 MANSFIELD & REGION #19 SCHOOL LUNCH AND BREAKFAST PROGRAM  
APPLICATION FOR FREE OR REDUCED PRICE MEALS OR FREE MILK FOR 1/2 DAY KINDERGARTEN STUDENTS**

**Parents/Guardians: Complete only one application for each household.** To apply for free or reduced price meals or free milk for your children, you must list the names of all members of the household in Part 5. However, each foster child must have their own separate application and should not be included as part of your regular household. Return the application to the school office. If the children receive medical benefits only, you must complete Part 1 and then continue with Part 5.

**1. (Print) Student Information:** (Make sure you list each child below AND in section 5a.)

Name	Grade	Name of School	Does this child receive SNAP (formerly known as Food Stamps) or TFA? (circle)	If yes, provide client ID number
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____
_____	_____	_____	yes / no	_____

- 2. The children listed above:**  
 May Qualify (Continue to complete the application).  Do not Qualify (Please initial \_\_\_\_\_ and return the form).
- 3.** If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison at: \_\_\_\_\_  
 Homeless  Runaway
- 4.**  **Check if student is a Foster Child:** Note: Complete a separate application for each foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ \_\_\_\_\_
- 5. Household Members and Monthly Income:** If you are receiving only medical benefits, you must report an income and complete Part 5. If you gave a client ID number for SNAP (formerly known as Food Stamps) or TFA, skip part 5.

a. Name (List everyone in household including children listed above in section 1.)	b. Gross Income and how often it was received (Indicate if income was received monthly, twice a month, every other week, weekly, or annually.) You MUST list frequency of income. <i>Example: \$100/monthly \$100/twice a month \$100/every two weeks \$100/weekly \$28,000/annually</i>				c. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other Income	
(Example): Jane Smith	\$ 200 / weekly	\$ 150 / weekly	\$ 100 / monthly	\$ _____ / _____	<input type="checkbox"/>
1	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**6. RACIAL AND ETHNIC IDENTITY:** You are not required to complete Section 6.

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino **Race:**  Asian  Black or African American  White  
 American Indian  Native Hawaiian or other Pacific Islander

**7. Signature and Social Security Number:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  \_\_\_\_\_ OR  No Social Security Number.  
 Signature of Adult Household Member Social Security Number

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Street/Apt. No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Act Statement:** This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**For School Use Only – Do Not Write Below This Line**

**Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12**  
 (Only convert to annual income if there are different frequencies of income listed in the columns under Section 5b.)

Food Stamp/TFA Household  
 Income Household: Total household income: \_\_\_\_\_ per \_\_\_\_\_ Household Size: \_\_\_\_\_

**Application approved for:**  Free Meals **Application denied because:**  Income over allowed amount  Incomplete/missing  Other  
 Reduced-Price Meals

**Temporary approved for:**  Free Meals, Expires: \_\_\_\_\_  Reduced-Price Meals, Expires: \_\_\_\_\_

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

## APPLICATION INSTRUCTIONS

**To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school. If you need help, call the school at this number: (860)-429-7824.**

**Part 1- STUDENT INFORMATION:** List each child’s name, grade and school. Indicate if your children are receiving SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) or Temporary Family Assistance (TFA). If your children are receiving SNAP or TFA, provide the Client ID Number for each child. An adult household member must sign the application in Part 7, but do not complete Part 5. **(Note: If you are receiving only medical benefits for your children, you must report all household income in Part 5.)** *If a child is a foster child, a separate application must be completed. A foster child is considered a separate household because they are a legal ward of the State and must have a separate application.*

Part 2 – Indicate your children’s potential eligibility or ineligibility to qualify for free or reduced price meal or free milk benefits.

Part 3 – Indicate if the child you are applying for is homeless or a runaway. You must contact the school (or homeless liaison) to notify them of the child’s status.

Part 4 - **A FOSTER CHILD** who is a legal ward of the State may get free meals regardless of your household income. Complete a separate application for each foster child. Also, **complete this Part 4 and Part 7. Licensed foster homes do not complete Part 5.** *Note: Subsidized adoptions and/or guardianships require you to provide all household income documentation in Part 5. These children are not considered legal wards of the state and therefore, are considered part of your household and all household income must be listed.*

**FOSTER CHILD INCOME:** Write each child’s \*personal use income and how often it is received (such as weekly, every two weeks, twice a month, or monthly). Write “0” if the child has no personal use income. **An Adult household member must sign Part 7.**

**\*Personal use income includes:** Funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income. Personal use income also includes other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child’s family for personal use.

Part 5- **ALL OTHER HOUSEHOLDS: Complete Part 5 if:** You did not give a SNAP/TFA Client ID Number; you are receiving only medical benefits; each child is not a legal ward of the state; or if each child is a subsidized adoption or you have subsidized guardianship. **Note:** An adult household member **must** sign the application in Part 7.

- a. **HOUSEHOLD NAMES:** Write the names of everyone (related or unrelated) who live in your household. Include yourself and each child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space. **Note: Do not include foster children in your regular household.**
- b. **CURRENT INCOME:** Write the amount of income each person now receives on the same row as his or her name in the column that corresponds with the income source. Also, indicate if income was received monthly, twice a month, every two weeks, weekly, or annually. Income is all money before taxes or anything else is taken out. **If the amount received most recently is higher or lower than usual, write instead that person’s usual income.** Note: If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- c. **NO INCOME:** Check the box if the person has no income. (**Note:** “Person” includes adults and children in the household.)

Part 6- **RACIAL/ETHNIC IDENTITY:** Put a check mark next to the racial/ethnic group of your child. This information helps us to be sure everyone gets benefits on a fair basis. *You do not have to complete this section to get free or reduced meals or free milk.*

Part 7 - **SIGNATURE:** An adult household member must sign the application or it cannot be approved. The social security number of the adult signer must be included unless otherwise noted. If the adult household member signing the application does not have a social security number, check the box “No Social Security Number.” *Reminder:* A social security number is not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

### INCOME TO REPORT

**Earnings from Work**

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Workmen’s compensation
- Net income from self-owned business or farm

**Pensions/Retirement/Social Security**

- Pensions
- Retirement income
- Social Security
- Veteran payments
- Supplemental Security income

**Other Income**

- Earnings from second job
- Disability benefits
- Interest/dividends
- Cash withdrawn from savings**
- Income from Estates/Trust/Investments
- Regular Contributions from persons not living in the household
- Royalties/Annuities/Rental Income
- Any other monies that may be available to pay for the child’s meals or milk

**Child Support/Alimony**

- Alimony payments
- Child Support payments

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.