

2011/2012 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

Home Phone or Cell Phone (Circle One)

Name Print

Work Phone

Mailing Address – Apt #

➔ Number living in this household _____
(Write names of **all** household members on part 2 and/or part 4 of this form)

City State Zip

2 STUDENT INFORMATION

Child's Name (Legal Last Name, First Name)

School

Grade

Birth Date

Check if Foster Child

1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS

If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits.

**** NOTE: Oregon Medical Card numbers are not valid for use with the National School Lunch Program — only SNAP and TANF.**

Name

SNAP

Case Number

Go to Part 5 below

TANF

Does this household receive FDPIR (Food Distribution on Indian Reservations)? Yes (Go to Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	OTHER MONTHLY INCOME, including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify (promise) that all of the information on this application is true (correct) 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 give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member

Date Signed

Social Security Number

I do not have a Social Security Number.

X _____

Month/day/year

(See privacy statement on back)

XXX-XX - _____

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White, not of Hispanic origin
- Other

I prefer all written correspondence in Spanish Russian Other _____

7 I do not want my information shared with State children's health insurance programs. Sign here:

I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced-cost health coverage for at least one of my children. Yes No

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____ Date Withdrawn: _____

Free based on: Denied – Reason: Temporary:

SNAP/TANF household income income too high Free

FDPIR foster child's income incomplete application Reduced

household income foster child's Income Until: _____ Until: _____ (maximum 45 days each)

Determining Official's Signature : _____ Date _____