

# FREE AND REDUCED PRICE MEAL PROGRAM APPLICATION (EFFECTIVE 7/1/07 – 6/31/08)

Important: Please list all members of the household in Part 4.

**Part 1. Children in School (Use a separate application for each foster child)**

Names of each child in the Alcoa City Schools (First, Middle Initial, Last)	Grade	Name of school	Food Stamp or TANF case number. <b>Skip to part 5 if you list a Food Stamp or TANF case number.</b>	Was this child Free or Reduced last year (2006-2007)?

**Part 2. Please check the appropriate box if a child you are applying for is: Homeless \_\_\_ Migrant \_\_\_ Runaway \_\_\_ and call 984-0531.**

**Part 3. Foster Child** Is this child the legal responsibility of a welfare agency or court? If 'yes,' list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Income from Last Month—You must tell us how much is paid and how often it is paid**

1. Names of <u>all</u> family members living in the household. Please list every adult and child living in the home.	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony (List every member of the household.)	Pensions, retirement, Social Security	Other	
<i>(Example) Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	___

**3. IMPORTANT! Write the total number of people, adults and children, who live in this household** \_\_\_\_\_

**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 must also 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 next 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: \_\_\_\_\_ Printed Name \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

Address: \_\_\_\_\_ Phone #'s \_\_\_\_\_

\_\_\_\_\_

**Part 6. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:

Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Mark one ethnic identity: \_\_\_Hispanic or Latino \_\_\_Not Hispanic or Latino

**IMPORTANT NOTES**

1. This application **will be denied** if it is not signed.
2. This application **will be denied** if social security number is not included.
3. You may be contacted by the Alcoa City Schools and asked for documentation to verify the information you provide on this form.

**DO NOT COMPLETE THIS PART. REMAINING SECTIONS ARE FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly **x 52** Every two weeks **x 26** Twice a month **x 24** Monthly **x 12** Household Size \_\_\_\_\_  
 Total Income is \_\_\_\_\_ per: \_\_\_ week \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly \_\_\_ annually \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility Determination: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Determining official's signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming official's signature \_\_\_\_\_ Date \_\_\_\_\_

**Income Eligibility Guidelines (effective July 1, 2007 – June 30, 2008)**

Household size	Federal Poverty Guidelines	Reduced Priced Meals – 185%					Free Meals – 130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	10,210	18,889	1,575	788	727	364	13,273	1,107	554	511	256
2	13,690	25,327	2,111	1,056	975	488	17,797	1,484	742	685	343
3	17,170	31,765	2,648	1,324	1,222	611	22,321	1,861	931	859	430
4	20,650	38,203	3,184	1,592	1,470	735	26,845	2,238	1,119	1,033	517
5	24,130	44,641	3,721	1,861	1,717	859	31,369	2,615	1,308	1,207	604
6	27,610	51,079	4,257	2,129	1,965	983	35,893	2,992	1,496	1,381	691
7	31,090	57,517	4,794	2,397	2,213	1,107	40,417	3,369	1,685	1,555	778
8	34,570	63,955	5,330	2,665	2,460	1,230	44,941	3,746	1,873	1,729	865
Add for each add'l family member	3,480	6,438	537	269	248	124	4,524	377	189	174	87

**Privacy Act Statement:**

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 priced 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 Food Stamp Program or 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:**

In accordance with Federal law and U.S. Department 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 to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave. SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.