## 2015-2016 Wise County Public Schools Household Application for Free and Reduced Meals

Complete one application per household. Please use a pen (not a pencil).

For Office Use Only	٦

Definition of Household
Member: "Anyone who is
ving with you and shares
ncome and expenses,
even if not related."
Children in Foster care

STEP 1

and children who meet the definition of Homeless. Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	МІ	Child's Last Name	School	Stude Yes	ent? No		Foster Child	Homeless, Migrant, Runaway
						apply		
						all that		
						Qick		

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

How often?

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information The Sources of Income for Children section will help you with the Child **Income** question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

## A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members

## Child income Weekly Bi-Weekly 2x Month Monthly

## B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

		How often?	Public Assistance/	How often?	Pensions/Retirement/	How often?
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthly
	\$	0 0 0	\$	0000	\$	0000
	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
	\$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
	\$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
	\$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$	\$	$\boxed{\bigcirc\ \bigcirc\ \bigcirc\ \bigcirc\ \bigcirc}$	\$	0000
Total Household Members (Children and Adults)	Last Four Digits of	Social Security Number (SSN) of the correct Other Adult Household Me	of XXX	x x	\$ Check if no SSN	000

All Other Income	Weekly	Bi-Weekly	2x Month	Monthly
\$		$\bigcirc$	0	$\bigcirc$
\$		$\bigcirc$	$\bigcirc$	$\bigcirc$
\$		$\bigcirc$	$\bigcirc$	$\bigcirc$
\$		$\bigcirc$	$\bigcirc$	$\bigcirc$
\$		$\bigcirc$	$\bigcirc$	$\bigcirc$

x x x x x
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"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (optional)

Signature of adult completing the form

Printed name of adult completing the form

Today's date

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):	Race (check one or more):
☐ Hispanic or Latino	American Indian or Alaskan Native
☐ Not Hispanic or Latino	☐ Asian
	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander
	☐ White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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