

LYNCHBURG CITY SCHOOLS
2006-2007 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD

Office Use Only

Complete, sign, and return the application to any school cafeteria staff member in the division or the School Nutrition Office in the Sch. Administration Building. Please read the instructions on the back of this form. Call the school nutrition office if you need help completing this form. (522-3700, x161, x162, x164)

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

#	LAST NAME	FIRST NAME	M.I	GRADE	SCHOOL	STUDENT ID # (if applicable)	LIST FOOD STAMP or TANF CASE NUMBER (if applicable)
1							
2							
3							
4							
5							
6							

If you are getting FOOD STAMPS or TANF benefits for your child(ren), list the case number(s) above. DO NOT complete Parts 2, 3, or 4. Go to Part 5.

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school to talk with the homeless liaison or migrant coordinator.
 Homeless Migrant Runaway **Complete Parts 4, 5, 6, and 7.**

Part 3. If this is a **FOSTER CHILD**, who is the legal responsibility of the courts, check here and write the child's monthly "personal use" income here: \$ _____. Write "0" if the child has no personal use income. **DO NOT complete Part 4. Go to Part 5.**

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Parts 2 or 3 or if you did not list a food stamp or TANF case number in Part 1)
 List all household members, including the child(ren) listed above. List gross income before any deductions and tell us **how often** it was received.

Names of all Household Members (Include the child(ren) named above) Do Not Complete if this is a foster child, or if you listed a food stamp or TANF case number in Part 1.	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly					Check If No Income
		Earnings from Work Before Deductions, Wages, Salaries, and Tips, or Strike Benefits, Unemployment Benefits, Worker's Compensation or Earnings from Self-owned Business		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (See Back of Form)	
		Job 1	Job 2				
		\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	
1.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8.		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 5. RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please mark one or more of the following racial identities:
 American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

ETHNIC IDENTITIES: Please mark one of the following: Hispanic or Latino Not Hispanic or Latino

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b OTHERS: Your permission is required for the school to use this information for other benefits.

YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose only. Dental Benefits Carl Perkins Fed. Funding Programs (for middle & high schools)
 Reduced Fees for Driver Education (for high sch. students) _____

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide a social security # before it can be approved. (See Privacy Act Statement on back)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

□□□-□□-□□□□

I Do Not Have A Social Security Number

Social Security # of Adult Signing Application

Signature of Adult Household Member

Date

Mailing Address: _____

Home Phone: _____

Zip Code: _____

Work Phone: _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete **one application for ALL children in the household who are in school** using the following instructions. Sign the application and return the application to the cafeteria staff at any school in the school division or to the School Nutrition Office at the School Administration Building. If you need help, please call the school nutrition office at 522-3700, x161, x162, or x164.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the names of all children in the household who are in school.
2. List the grade, the school and the student's school ID# for each child.
3. List a current food stamp or TANF case number for each child. This number is in your approval letter. **If you list a food stamp or TANF number you do not need to list names of household members or income. No social security number is needed if a food stamp/TANF case number is provided. These households should SKIP Part 4 and COMPLETE Parts 5, 6, & 7.**
4. All households must sign the application in Part 7. Income households must provide the social security # of the adult signing or check the box if they do not have one.

PART 2 - Check the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PARTS 5, 6, & 7.

A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. **Skip Part 4.** Do not list any other children, household members, or income.
2. A foster parent or other official representing the child must sign the application in Part 7. No social security number is required. Use a separate application for each foster child.

PART 4- ALL OTHER HOUSEHOLDS WITHOUT A FOOD STAMP OR TANF NUMBER LISTED IN PART 1, including WIC households, MUST COMPLETE PARTS 4, 5, 6 & 7.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, all children who are in school, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member got **last month**, before taxes or anything else is taken out, **and** how often it was received. For example, list the gross income each person earned from work. The amount should be listed on your pay stub. This is not the same as take home pay it is the amount before taxes and other deductions. Next to the amount write how often the person received it. If any amount **last month** was more or less than usual, write that person's usual income.
3. An adult household member must sign the application in Part 7 and give his/her social security number or check the box if they don't have one.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

Names of all Household Members (Include the child(ren) named above) Do Not Complete if this is a foster child, or if you listed a food stamp or TANF case number in Part 1.	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly				Check If No Income <input type="checkbox"/>	
		<u>Earnings from Work</u> Before Deductions, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income from Self-Owned Business or Farm	<u>Welfare/Child Support/Alimony</u> Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	<u>Pensions/Retirement/Social Security</u> Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	<u>Other Income</u> Disability Benefits, Cash Withdrawn from Savings, Interest/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income		
		Job 1	Job 2				
(Example) <i>Jane Smith</i>	42	<i>\$200/W (Weekly)</i>	<i>\$100/E (Every 2 weeks)</i>	<i>\$150/M (Monthly)</i>	<i>\$100/M (Monthly)</i>	<i>\$50/T (Twice per Mo.)</i>	<input type="checkbox"/>

PART 5 - RACIAL/ETHNIC IDENTITY:

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

PART 6 and 6b – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 6 and Part 6B on the application. To obtain meal benefits, you are not required to complete this section.

PART 7 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 7.

1. SIGN HERE. The application must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, they must check the box I Do Not Have A Social Security Number. If you listed a food stamp or TANF number for each child, or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's food stamp, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, or, TANF office to determine current certification for food stamps, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal and state laws, and local education, health, and nutrition programs.

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, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.