REV. 6/12

Application #: _____

Amity Regional School District No. 5

Child Nutrition Programs' Application for Free or Reduced Price Meals or Free Milk

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. Return the application to school office.

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

Name	Grade	Name of School	Is this child a foster child (legal ward of the state?) (circle)	If yes, provide personal use income **and frequency**. Put "0" if the child has none.
			yes / no	$ /
			yes / no	$ /
			yes / no	$ /
			yes / no	$ /

2. If members of your household receive SNAP or TFA benefits, provide the name and case number for the person who receives benefits and skip to Part 6. If no one receives these benefits, skip to Part 5. Name:_____ Case Number: _____

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: *Mary Raiola, 203-397-4820* ☐ Homeless ☐ Runaway

4. If the child you are applying for is enrolled in a federal Head Start Program or the Even Start Program in the school system, check the appropriate box and list the name of the child here: _____ ☐ Head Start ☐ **Pre K** Even Start

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 or TFA in part 2, skip to part 6.

a. **Name** (List **everyone** in household (HH) including all children in Section 1, including foster children if desired, and HH members in Section 2.)		b. **Check-off if person listed has no income**	c. **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. ***Example*: $100/monthly $100/twice a month $100/every two weeks $100/weekly $28,000/annually**			
			Earnings from work before deductions	**Welfare, child support, alimony**	**Pensions, retirement, Social Security**	**All other Income**
	(Example): Jane Smith	☐	*$ 22,278 /annually*	*$ 50.00 / weekly*	*$ 100.73 / monthly*	*$ 50.00 / twice a month*
1		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____
2		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____
3		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____
4		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____
5		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____
6		☐	$ _____/_____	$_____/_____	$ _____/_____	$_____/_____

6. RACIAL AND ETHNIC IDENTITY: You are not required to complete Section 6. This section is optional.

Ethnicity: ☐ Hispanic/ Latino ☐ Not Hispanic/Latino | Choose one or More (Regardless of Ethnicity): ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American

7. Signature and Social Security Number: I certify (promise) that all information 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 meals benefits, and I may be prosecuted.

X _____ **X** _____ (List the last four digits *only*) OR ☐ I don't have a 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_____

Use of Information 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 last four digits of 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 discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the federal relay service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer."

For School Use Only – Do Not Write Below This Line

Determining Officials for the Local Education Agency MUST complete this section.

Check all that apply.

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 5c.)

☐ SNAP/TFA Household ☐ Foster Child ☐ Head Start ☐ **PreK** Even Start ☐ **Confirmed Homeless or Runaway**

☐ Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: ☐ Free Meals ☐ Reduced-Price Meals

Application denied because: ☐ Income over allowed amount ☐ Incomplete/missing ☐ Other

Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____

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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, contact your school office.

Part 1-**STUDENT INFORMATION**: List each child's name, grade and school. If a child is a foster child, check off "yes" and list personal use income and frequency. If all children are foster children, skip to Part 6. Note: 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.** ***Note: Subsidized adoptions and/or guardianships*** *require you to provide all household income 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 including the subsidy.***

*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 2 – If a member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits, list the person's name and case number. Do not complete Part 5 and skip to Part 6. (**Note: If you are receiving only medical benefits (HUSKY) for your children, you must report all household income in Part 5.)**

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 – Indicate if the child you are applying for is enrolled in the district's Head Start or Even Start Program. List the child's name here and in Part 1 and check off the appropriate box.

Part 5- **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**.** ***Include foster children if you want them to be part of the household when determining the eligibility of your children.***

b. **NO INCOME:** Check the box if the person listed has no income. **(Note:** "Person" includes adults and children in the household.)

c. **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.

*INCOME TO REPORT

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

Child Support/Alimony
- Alimony payments
- Child Support payments

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

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 last four digits only of 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:* The last four digits of a social security number are not needed if you have listed a SNAP Client Number, TFA Client Number or if the children are foster children.

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