

Was your child(ren) on the free/reduced meal program last year?  Yes  No

Fill out only **one** meal application **per household**.

Take or send the meal application to your youngest child's school.

**2008-2009 APPLICATION FOR FREE AND REDUCED PRICE MEALS**

To apply for free and reduced-price meals, complete this application, sign your name, and return the application to your youngest child's school. For assistance call the secretary at your child's school. Foster children need their own application.

**PART I**

Complete this part and Parts 4 and 5 for any children in your household who are currently receiving Basic Food, TANF, or FDPIR and attend school in this district. List each child's Basic Food, TANF, or FDPIR case number.

Child's Name	Birthdate	Basic Food (X)	TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

**PART 2a**

Complete this part, and Parts 2b, 4, and 5 if you are applying for any children who are NOT receiving benefits from Basic Food (formerly Food Stamps), TANF or FDPIR case. List each child in your household who is served by the Evergreen School District.

Child's Name	School	Room	Grade	Child's Name	School	Room	Grade

**PART 2b**

Under NAME list the names of EVERYONE living in your household, including yourself and any children, including those listed above. **DO NOT include Foster children here.** List the schools your children attend. Write the amount of income (**MONEY BEFORE DEDUCTIONS**) each person receives PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below:

**MONTHLY INCOME CONVERSION: Weekly X 4.33; Every Two Weeks X 2.15; Twice a Month X 2**

Names of Household Members	School	Gross MONTHLY Earnings (Before deductions)		MONTHLY Welfare Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
		Job 1	Job 2			

**PART 3 - FOSTER CHILD:** Complete parts 3, 4, and 5 on a separate application for **each** foster child. Write "0" if the child has no personal income.

Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

**PART 4 - CHILDREN'S RACIAL/ETHNIC IDENTITIES** (Optional)

- |   |  |                                 |   |
|---|--|---------------------------------|---|
| <input type="checkbox"/> ASIAN                      | <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE         | <u>Mark one ethnic identity</u> |   |
| <input type="checkbox"/> WHITE                      | <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER |                                 | <input type="checkbox"/> HISPANIC OR LATINO     |
| <input type="checkbox"/> BLACK, OR AFRICAN AMERICAN | <input type="checkbox"/> OTHER                                     |                                 | <input type="checkbox"/> NOT HISPANIC OR LATINO |

**PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER \***

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

Please sign here: X _____ Date _____ Signature of Adult Household Member		
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER ( )
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER ( )
<input type="checkbox"/> I do not have a social security number		

\*Privacy Act Statement on Reverse Side

7/08 Date Application Received \_\_\_\_\_

**PLEASE READ PART 6 ON THE BACK OF THIS FORM** →

**PART 6 - OTHER BENEFITS**

If you would like Free or Low-cost health insurance for your children, call today to request an application: toll free 1-877-543-7669. The health coverage includes doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You can also fill out and print an application online at [www.ParentHelp123.org](http://www.ParentHelp123.org). Even if your children have private coverage, they may still be eligible for assistance with the monthly premium, co-pays, or deductibles. Call or log-on today to receive more information.

\* Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may also include contacting employers to determine income and benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members 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.

**SCHOOL USE ONLY - VERIFICATION**

**APPLICATION APPROVED for:** **LEA APPROVAL (Mark One)** Total Household Yearly Income \$ \_\_\_\_\_  
 FREE MEALS  BASIC FOOD/TANF/FDPIR HOUSEHOLD Total Household Monthly Income \$ \_\_\_\_\_  
 REDUCED-PRICE MEALS  INCOME HOUSEHOLD Household Size \_\_\_\_\_  
 FOSTER CHILD

**TEMPORARY Approval for:** **Application DENIED Because:**  
 FREE MEALS  INCOME OVER ALLOWED AMOUNT  
 \_\_\_\_\_ DATE TEMPORARY APPROVAL EXPIRES  INCOMPLETE  
 OTHER: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF DETERMINING OFFICIAL DATE of determination

**Determination Letters Sent by ASC:**  
 September-November on Tuesday and Thursday  
 December-June on Wednesday

Change in Status	REASON	DATE	Date Change Notice Sent	Date Withdrawn

**ASC USE ONLY - VERIFICATION**

First Notice Sent _____ Response Date from Household _____ Second Notice Sent _____ Response Due From Household _____	<input type="checkbox"/> Basic Food Eligibility <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Basic Food/TANF Office <input type="checkbox"/> Notice of Eligibility	<input type="checkbox"/> Monthly Income: \$ _____ Household Size _____ <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Sample Selection: <input type="checkbox"/> Random <input type="checkbox"/> Focused <input type="checkbox"/> 100% <input type="checkbox"/> Other _____	Verification Result: <input type="checkbox"/> No Change <input type="checkbox"/> Ineligible <input type="checkbox"/> Free to Reduced Price <input type="checkbox"/> Reduced Price to Free <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced Price to Paid Reason for Eligibility Change <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Change in Basic Food/TANF/FDPIR <input type="checkbox"/> Other _____
<b>NOTES:</b> _____ _____ _____ _____				Date Adverse Notice Sent: _____ Date of Change: _____ Signature of Verifying Official _____ Date _____