MULTI-USE

RENTON SCHOOL DISTRICT - 2009-2010 SCHOOL YEAR
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to the school's cafeteria. If your household receives benefits from Basic Food, TANF or FDPIR, complete only Parts 3 and 5. If your household does not receive benefits from Basic Food, TANF or FDPIR, complete Parts 1, 3, 4 and 5. If you are applying for free and reduced meals for a foster child, complete Parts 1 and 5. **For assistance, please call your child's school and ask for help. Please complete only ONE APPLICATION PER HOUSEHOLD.**

Part 1 – Foster Child ☐ **Yes** Child's Name_____ *Only a foster child's personal income is counted on a foster child application.* *Skip to Part 5.* ***Complete a separate application for each foster child.***	*Child's personal income $_____* *If none available, list $0.*	*Weekly*	*Every 2 weeks*
		Twice a month	*monthly*

Part 2 – ☐ Homeless ☐ Migrant ☐ Runaway *Complete Parts 3, 4 and 5*

Part 3 - The names of all students in the household in school

New Student	Student's Name	School Name	Date of Birth	Grade	Does your child receive Basic Food, TANF or FDPIR?*If "Yes," you must list a case number.	
☐ Yes					☐ No	☐ Yes - Case#_____
☐ Yes					☐ No	☐ Yes - Case#_____
☐ Yes					☐ No	☐ Yes - Case#_____
☐ Yes					☐ No	☐ Yes - Case#_____
☐ Yes					☐ No	☐ Yes - Case#_____

** Medicaid/Medical Coupon Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.*
If you listed a Basic Food, TANF or FDPIR case number for EACH child, skip to Part 5.

Part 4- Total Household Gross Income-*You must tell us how much and CIRCLE how often it is received.*

Name - *List everyone in the household including students in Part 3.*	**Earnings from work (before any deductions and taxes)**			**Welfare, child support, alimony**			**Pensions, retirement, Social Security**			**All other income**			**Circle if NO income**
Example: Jane Doe	*$600*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$250*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
1	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
2	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
3	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
4	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
5	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	
6	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$*	*weekly*	*every 2 weeks*	*$0*
		twice a month	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*		*twice a month*	*monthly*	

Part 5 - Signature and Social Security Number (Adult household member MUST sign)

If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) 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.

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.

Sign Here: X_____ Print Name: _____ Date: _____

Adult Social Security Number: _____ ☐ I do not have a Social Security Number.

Address	*City*	*Zip Code*	*County*
Home Phone	*Work Phone*	*Email* *By providing your e-mail address you may be notified via e-mail of eligibility for free/ reduced price school meals.*	

If you would like information on free or low cost health insurance for your kids, please call 1-877-543-7669.

PLEASE TURN OVER

Part 6 - Child's Racial/Ethnic Identity (optional)		
Check one or more racial identities:		Check one ethnic identity:
____American Indian or Alaskan Native	____Asian	____Hispanic or Latino
____Black or African American	____White	____Neither Hispanic nor Latino
____Native Hawaiian or Other Pacific Islander	____Other	

Privacy Act Information: National School Lunch Act (Section 9)

The Richard B. Russell 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 signing the application 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 include contacting employers to determine income, 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. 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 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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVAL/DISAPPROVAL

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size:____ Total Gross Income: $_____ ____Weekly ____Every 2 Weeks ____Twice a Month ____Monthly ____Annual	____Foster Child ____Categorical Eligibility	**Reason for Denial:** ____Income too High ____Incomplete Application ____Other (specify) _____
	Eligibility: ____Free ____Reduced	____Paid ____ Temporary Free- Time Period (expires after____days)

Determining Official's Signature:_____ Date:_____ | Date Dropped/Withdrawn:_____

VERIFICATION

Date Selected for Verification:_____ Confirming Official's Signature:_____ Response Due from Household:_____ Date Follow-up/Second Notice:_____ Follow-up Official's Signature:_____	**Sample Selection:** ____Standard Focused 3% ____Random 3% ____Focused 1% + 0.5%

Basic Food/TANF/FDPIR Eligibility:	**Income**		**Verification Result:**
____Not Confirmed	$_____	____Wage Stubs	____Free to Reduced
Confirmed:	____Weekly	____Written Documents	____Free to Paid
____DSHS	____Every 2 Weeks	____Collateral Contact	____Reduced to Free
____Notice of Eligibility	____Twice a Month	____Agency Records	____Reduced to Paid
	____Monthly	____Other_____	____No Change
	____Annual		

Reason For Eligibility Change:	Date Adverse Notice Sent:_____ Verification Official's Signature:_____
____Income ____Household Size ____Refused to Cooperate ____Other_____	