

BALLARD COUNTY SCHOOLS 2011-12 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. All household members:

Names of <u>all</u> household members (first, middle initial, last):	Grade for each child enrolled in our schools, or NA if child is not in school:	Check if this person has NO income	Check if this is a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, please skip to Part 5.
1.		<input type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits

If any member of your household receives SNAP (food stamps) or KTAP (cash assistance), please provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, please go to Part 3.

Name: _____ **Case number:** _____
(Please DO NOT put medical card, Medicaid or KCHIP insurance care number here.)

Part 3. IF ANY CHILD FOR WHOM YOU ARE APPLYING IS HOMELESS, MIGRANT OR A RUNAWAY, please check the appropriate box and call Bob Wilson, at 665-8400, ext. 2014. Homeless Migrant Runaway

Part 4. Household income.

1. Name (Please list <u>ONLY</u> household members with income)	2. Please list gross income and how often it is received: for example, weekly, every other week, twice monthly, monthly			
	Earnings from work before deductions/how often it is received	Welfare, child support, alimony/how often it is received	Pensions, retirement, Social Security, SSI, VA benefits/how often they are received	All other income/how often it is received
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature and last four digits of Social Security number (adult must sign). An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security number or mark the "I do not have a Social Security number" box.** (Please see Privacy Act statement on the back of this page.)

I certify (promise) that all information on this application 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 meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Date: _____

Last four digits of Social Security number: **** - ** - _____ I do not have a Social Security number

Part 6. Children's ethnic and racial identities (optional)	
Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
DO NOT COMPLETE this part. This is for school use only.	
Annual Income conversion: Weekly x 52; every two weeks x 26; twice a month x 24; monthly x 12	
Total Income: _____ per <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> month <input type="checkbox"/> year Household size: _____	
Categorical Eligibility: _____ Eligibility: Free____ Reduced____ Denied____	
Reason: _____	
Temporary: Free____ Reduced____ Expires on: _____ (expires after _____ days)	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	
Verifying Official's Signature: _____ Date: _____	
Date withdrawn: _____	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART for school year 2011-12			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

Privacy Act statement: This explains how we 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 last four digits of the Social Security number are not required when you apply on behalf of a foster child or if 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 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 discriminating 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 (Spanish). USDA is an equal opportunity provider and employer."