

FREMONT PUBLIC SCHOOLS
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
2011-12

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator Tracy Sanchez at 231-924-0470.
 _____ Homeless _____ Migrant _____ Runaway List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are **NOT ACCEPTABLE** case numbers

Part 3 - Household Names - List below *all* people living in your household, students and non- students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	
Example: <i>Jane Doe</i>	Yes			\$0	\$600	weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
2	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
4	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly
6	Yes			\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
						twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of 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.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Last Four (4) Digits of Adult Social Security Number: **Required** XXX-XX-_____ I do not have a Social Security Number

Address		City		Zip Code	County
Home/Cell Phone		Work Phone		Email Address	

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

DEAR PARENT OR GUARDIAN:

Fremont Public Schools serves meals every school day. Students may buy lunch for \$2.00 Secondary, \$1.75 Elementary, Breakfast for \$1.25, and milk for .50 cents. If a doctor has determined that your child has a disability that would prevent the child from eating the regular school meal, the school will make any **substitution prescribed by a doctor** at no extra charge. The doctor's statement, including the prescribed diet and/or substitutions must be submitted to the Food Service Department at your school. For further information call Denise McDaniel at (231) 924-8160.

Students may be able to get meals free or at a reduced price. If you now get **Food Stamps or Family Independence Program (FIP)** for your child, that child can receive free meals. A foster child can receive free meals. If your total household income is the same or less than the amounts on the income chart below please apply for reduced price or free meals. Reduced price lunches are .40 cents and breakfasts are .30 cents.

FOR YOUR CHILD TO RECEIVE FREE OR REDUCED PRICE MEALS, YOU MUST COMPLETE THE APPLICATION ON THE REVERSE SIDE AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS INCOMPLETE.

APPLICATION INSTRUCTIONS AND INCOME CHART BELOW

1. **FOOD STAMP/FIP HOUSEHOLDS: PART 2:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR. Sign and date the form.
2. **FOSTER CHILD: PART 3:** List the foster child (ren's) name, circle Yes for foster child, and list grade and building. Sign and date the form.
3. **ALL OTHER HOUSEHOLDS: PART 3:** Names: list the first and last name of each person living in your household, related or not. You *must* include yourself and all children living with you. Complete all columns. **PART 4:** Use this section to report all income in your household from the previous month. Next to each person's first and last name, list each type of income received last month. Next to the amount circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly). An adult household member **MUST sign and date the form, list the last four (4) digits of their Social Security Number**, or check the box "I do not have a Social Security Number."

2011-12 Gross Income Chart

APPLICATION INSTRUCTIONS: Your children may qualify for free or reduced price school meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

PART 6: Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander Other

Check One Ethnic Identity:

- Hispanic or Latino
 Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 (4) 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.

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