

FREMONT PUBLIC SCHOOLS

2009 - 10

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1- FOSTER CHILD Yes ___ No ___ **FOSTER HOME LICENSE NUMBER:** _____

Foster Children – In most cases foster children are eligible for free meals regardless of your household income. These children are considered to be a household of one.

- A.** The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.
- B.** The child is a resident of a licensed “Group Foster” home or a residential institution.
- C.** Other (described): _____

Only the foster child’s spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes or babysitting. If you have questions, please contact the school.

SPENDING MONEY PER MONTH: \$ _____

Part 2- HOMELESS ___ **MIGRANT** ___ **RUNAWAY** ___

Part 3- CHILDREN IN SCHOOL (Use a separate application for each foster child)

STUDENT’S NAMES	SCHOOL NAME	GRADE	Does your child receive Food Stamps/FIP/FDPIR If “YES,” you must list a case number (Not a Medicaid or Bridge Card Number)
1.			NO ___ YES _____
2.			NO ___ YES _____
3.			NO ___ YES _____
4.			NO ___ YES _____
5.			NO ___ YES _____

If you listed a Food stamp/FIP/FDPIR case number for EACH child, skip to Part 5

Part 4- TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN RECEIVED.

Gross Income- Example: \$100/Month, \$100/ Twice a month, \$100/Every 2 weeks, \$100/Week

A. NAME (List everyone in household)	B. GROSS INCOME & HOW OFTEN RECEIVED				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	Check if NO income
Example: JANE SMITH	\$ \$100 / month	\$ \$100 /biwk	\$ \$100 /wk	\$ _____ / _____	___ NO
1	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	___ NO
Total Monthly Income	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

Part 5- SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information 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 the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. **The SOCIAL SECURITY NUMBER IS REQUIRED.**

X _____ (Signature of adult household member) _____ (Adult SSN, if none, write “none”) _____ Date

Print Name _____ Home Phone # () _____ Work Phone # () _____

Street/Apt. No. _____ City/State/Zip _____ County _____

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12	
Household Size: ___ Total Gross Income: \$ _____	Week ___; Every 2 Weeks ___; Twice a Month ___; Month ___; Annual _____
Eligibility: Free ___ Reduced ___ Denied ___	Foster Child: ___ Categorical Eligibility: ___
Temporary Free ___ Time Period: _____ (expires after ___ days)	
Reason for Denial: ___ Income too High ___ Incomplete Application ___ Other (specify) _____	
Determining Official’s Signature: _____	Date: _____ Date Withdrawn: _____

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 40 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. For further information call Denise McDaniel at (231) 924-8160. The doctor's statement, including the prescribed diet and/or substitutions must be submitted to the Food Service Department at your school.

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. 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. A foster child may receive free or reduced price meals even if your income is higher than that on the chart. 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 & RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS INCOMPLETE

APPLICATION INSTRUCTIONS AND INCOME CHART BELOW

FOOD STAMP/FIP HOUSEHOLDS: Write the child's name, the food stamp or FIP case number for that child and the signature of an adult household member on the application.

FOSTER CHILD: Write the foster child's name, his/her personal income and the signature of an adult on the application.

ALL OTHER HOUSEHOLDS: The application must have all the children's names and the names of all household members. List the amount of income each person received last month with the source of each person's income (example: pay, social security, etc.). The signature and the social security number of the person completing the application must be included (or the word "none" if that adult does not have a social security number).

REAPPLY: You may reapply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin receiving food stamps or FIP, fill out an application at that time.

PROOF OF INCOME: The school may request verification of your household income or proof of food stamp or FIP information at any time during the school year.

2009-10 GROSS INCOME CHART

Application Instructions:

Your children may qualify for free or reduced price 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	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional Person:	6,919*	577	289*	267*	134*

YOU WILL BE NOTIFIED WHEN YOUR APPLICATION IS APPROVED OR DENIED.

Part 7- Child's Racial/Ethnic Identity (optional)

Check one or more racial identities:

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

- Asian
- White
- Other

Check one ethnic identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number & Shared Information

The Richard B. Russel National 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. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a SSN" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. 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 review, and law enforcement officials to help them look for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the SSN must be specified here.

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 to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.

VERIFICATION-FOR SCHOOL USE ONLY

Date Selected for Verification _____		SAMPLE SELECTION: _____ 100%	
Response Due from Household _____		_____ Focused _____ Random _____ Other _____	
Second Notice Sent _____			
FOOD STAMP/FIP ELIGIBILITY:	INCOME: \$ _____	VERIFICATION RESULT:	
<input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Free to Reduced	
Confirmed:	<input type="checkbox"/> Wage Stubs	<input type="checkbox"/> Free to Paid	
<input type="checkbox"/> Food Stamp Office	<input type="checkbox"/> Written Documents	<input type="checkbox"/> Reduced to Free	
<input type="checkbox"/> Notice of Eligibility	<input type="checkbox"/> Collateral Contact	<input type="checkbox"/> Reduced to Paid	
<input type="checkbox"/> ATP Card Issued monthly	<input type="checkbox"/> Agency Records	<input type="checkbox"/> No Change	
	<input type="checkbox"/> Other _____		

