

Date withdrew _____

School Year 2011/12
_____ F _____ R _____ D

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete the form, sign your name and return it to 1 Sir Bills Circle, Johnstown, NY 12095 or your child's school. Call (518) 762-1875 if you need help.

1. STUDENT INFORMATION: (PLEASE PRINT CLEARLY - ONE FORM PER FAMILY)

<u>Student Name</u>	<u>School</u>	<u>Grade</u>	<u>Foster Child</u>	<u>No Income</u>

2. FOOD STAMPS or TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) FOR THEIR CHILDREN:

Complete this section and sign the application in part 5. Please write your case number as provided on your benefit letter, NOT the number on your benefit card.

Name: _____ CASE # _____

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: 518 736-1708

Homeless Migrant Runaway (Homeless Liaison/Migrant Education Coordinator)

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD GROSS INCOME: List all people living in your household, how much and often they are paid. If you have listed a foster child above, you must report their personal income.

SHOW HOW OFTEN YOU RECEIVE YOUR CURRENT INCOME: (Example: weekly, bi-weekly, 2 times a month or monthly.)

IF PAY PERIOD IS NOT NOTED, THE REVIEWING OFFICIAL WILL PROCESS THE REPORTED INCOME AMOUNT AS WEEKLY.

List Names of Everyone in your Household	Earnings from work BEFORE deductions	Child Support Alimony, etc.	Payments from Pension or Retirement	Other Income Social Security
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

5. SIGNATURE: An adult household member MUST sign the application before it can be approved and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify that all of the information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal lunch funds;

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 and my children may lose meal benefits.

SIGNATURE: _____ Date signed _____ Last 4 digits of SSN# ***-**- _ _ _ _

I do not have a SS# <input type="checkbox"/>
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Home Phone # _____ Work Phone # _____ Home Address _____ Zip Code _____

Email Address: _____ (PLEASE PRINT CLEARLY)

For School Use ONLY: Annual income conversion (convert only when multiple frequencies are reported), weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12

___ Food Stamp/TANF/Foster

___ Income Household: Total Household Income/Frequency: _____ / _____

Household Size _____

Application Approved for: _____ Free Meals _____ Reduced Meals _____

Application DENIED _____

Temporary Free/Reduced (expires 45 days) Date: _____

Date Notice Sent: _____

Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS FOR FREE & REDUCED PRICE SCHOOL MEALS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary & Disability Assistance OR complete the application using the instructions for your household. Sign the application and return the application to Food Service, 1 Sir Bills Circle, Johnstown, NY 12095 **or your child's school**. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call (518) 762-1875 if help is needed. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD

- 1) Print the names of the children, including foster children, for whom you are applying on one application.
- 2) List their grade and school.
- 3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 - HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.

- 1) List current Food Stamp, TANF or FDPIR case number of anyone living in your household. DO NOT use the 16 digit number on your benefit card. The case number is provided on your benefit LETTER.
- 2) An adult household member must sign the application in PART 5. SKIP PART 4.

PART 3 - Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homes liaison or migrant education coordinator at this number: 518 736-1708

PART 4 & 5 - ALL OTHER HOUSEHOLDS: COMPLETE THESE PARTS AND ALL OF PART 5.

1) Write the names of everyone in your household, whether they get income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **IN YOUR HOUSEHOLD**. Use another piece of paper if you need more space.

2) Write the amount of income each household member got last month, before any taxes or other deductions were taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income. **SPECIFY HOW OFTEN THIS INCOME AMOUNT IS RECEIVED: WEEKLY, BI-WEEKLY, MONTHLY, 2 TIMES PER MONTH.**

3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, Temporary Assistance to Families (TANF) and At Risk Child Care Programs should not be considered as income for this program.

SOCIAL SECURITY NUMBER: The application MUST include the last 4 digits of the social security number of the adult who signs it. If the adult does not have a social security number, check the box. If you listed a food stamp, ADC/TANF, or FDPIR number or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free & reduced price meal application. Your written consent is required before any information may be released.

PRIVACY ACT STATEMENT

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 SSN are not required when you apply on behalf of a foster child or you list a food stamp or TANF case number or FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a SSN. 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.

DISCRIMINATION COMPLAINTS

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on a the basis of race, color, national origin, sex, age or disability. To file a complaint, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 866-632-9992 (voice & TDD). USDA is an equal opportunity provider and employer.

