

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. Children in School (Use a separate application for each foster child)**

| Names of all children in school<br>(First, Middle Initial, Last) | School Name            | Grade | Food Stamp or TANF case # (if any). <b>Skip to Part 5 if you list a Food Stamp or TANF case #</b> |
|--|------------------------|-------|---|
|  | <b>HATHAWAY SCHOOL</b> |       |   |
|  |                        |       |   |
|  |                        |       |   |
|  |                        |       |   |

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check the box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

| 1. Name<br>(List <b>everyone</b><br>in household)<br><br>(Example) | 2. Gross income and how often it was received<br><i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> |                                 |                                       |                  | 3. Check if NO income    |
|--|--|---------------------------------|---------------------------------------|------------------|--------------------------|
|  | Earnings from work before deductions   | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income |                          |
|  | \$ _____   | \$ _____                        | \$ _____                              | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |
|  | \$ ____/____   | \$ ____/____                    | \$ ____/____                          | \$ ____/____     | <input type="checkbox"/> |

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark 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 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: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

|  |  |   |
|--|--|---|
| Mark one or more racial identities:                |  | Mark one ethnic identity:                       |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Hispanic or Latino     |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other                                     |   |

**Don't fill this part out. 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  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free: \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_