

APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2009-2010

NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

CHECK THIS BOX
IF YOUR FAMILY RECEIVED
FREE OR REDUCED PRICED
MEALS LAST YEAR AT
BURLINGTON PUBLIC SCHOOLS.

COMPLETE ONE APPLICATION PER FAMILY

Please turn application in at youngest child's School.

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school.
 If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5.
 If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5.
 If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME
 Do not complete this section if you completed Part 1. List the names of **EVERYONE** living in your household, including yourself and any children listed in Part 2a. Write the amount of income **Earnings BEFORE DEDUCTIONS** each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other.

Income must be reported by how often it is received (weekly, every two weeks, twice month or monthly). Do not include foster children.

NAMES of Household Members (First, MI, Last)	Earnings from Work (List Amount/How Often, Earnings before deductions)		Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)	Check if NO Income
	Job 1	Job 2				
(example) Jane I. Smith	List how much & how often: \$100/weekly \$100/every two weeks \$100/twice month \$100/monthly					<input type="checkbox"/>
1.						<input type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>
4.						<input type="checkbox"/>
5.						<input type="checkbox"/>
6.						<input type="checkbox"/>
7.						<input type="checkbox"/>

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income Foster Children need their own application.				
Child's Name	Child's Personal Use Income How often received.	School	Room	Grade

PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)
 Mark one or more racial identities: Asian Black, or African American White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other
 Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS
An adult household member must sign the application before it can be approved.
If you do not have a social security number, check the "I do not have a social security number" box.
 If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.
 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.

Please sign here: X _____		_____
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

PART 6: FREE OR LOW-COST HEALTH INSURANCE

If you would like information regarding FREE or low-cost health insurance for your child(ren), please call 1-877-543-7669.

**Privacy Act Statement: National School Lunch Act (Section 9) - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.*

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly X 12

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size _____

Total Household Income\$ _____

Income Approved by: weekly every two weeks twice a month monthly annual
(circle one)

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Reduced-Price

Date Temporary Approval Expires: _____

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME		COMMENTS	RESULTS		REASON FOR ELIGIBILITY CHANGE	
\$						
	Wage Stubs			No Change		Income
	Written Documents			Free to Reduced		Household Size
	Collateral Contact			Ineligible		Refuse to Cooperate
	Agency Records			Reduced-Price to Free		Other:
	Other			Free to Paid		
				Reduced-Price to Paid		

Date of Change _____

Date Adverse Notice Sent _____

Signature of Verifying Official _____

Date _____