

Application #

School District **Oxford Township**

FISCAL YEAR 2011

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

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

| Names of all children in school (First, Middle Initial, Last) | School Name | Grade or ID Number | Food Stamp or TANF case # (if any). If # listed, skip to Part 5. |
|---|-------------|--------------------|--|
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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, or migrant coordinator. 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 this 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 for each person; check if no income

| 1. Name (List everyone in household - include students listed above) | 2. List gross income and how often it was received <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 How Often? \$ ____/____ | Welfare, child support, alimony How Often? \$ ____/____ | Pensions, retirement, Social Security How Often? \$ ____/____ | All Other Income How Often? \$ ____/____ | |
| 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"/> |
| 8. | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| 9. | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <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: _____ Zip Code: _____ 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:
 Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other
Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

 **Don't fill out this part. This is for school use only.** Error Prone
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: _____

| | | | | | |
|----------------------|--------|--------|--------|--------|---------|
| For State Agency Use | F to R | R to F | D to F | SS # | SB Temp |
| | F to D | R to D | D to R | Income | Other |

INSTRUCTIONS FOR APPLYING**If your household receives benefits from the Food Stamp Program, OR gets TANF, follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.
Part 2: Check the appropriate box, if any.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose to.

Check the appropriate box and contact your school, homeless liaison, or migrant coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
Part 2: Skip this part.
Part 3: Check the box and list the child's personal use monthly income, if any.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
Part 2: Check the appropriate box, if any.
Part 3: Skip this part.
Part 4: Follow these instructions to report total household income from last month.
Column 1-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 2 -Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
All other income: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it . If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column 3-Check if no income: If the person does not have any income, check the box.
Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

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 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 or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you 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. In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.