

(CHIEF LESCHI SCHOOLS)

2010-2011 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign and return this application to your child's school.

1. List all children living with you (except Foster Children). Include any income received and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to Section 5. See Section 4 for Foster Child. (You must submit a separate application for each Foster Child).

Child's Last Name	Child's First Name	MI	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does your child receive Basic Food, TANF or FDIPIR? If YES, you must list a case number.
						\$						<input type="checkbox"/> Yes-Case # _____
						\$						<input type="checkbox"/> Yes-Case # _____
						\$						<input type="checkbox"/> Yes-Case # _____
						\$						<input type="checkbox"/> Yes-Case # _____
						\$						<input type="checkbox"/> Yes-Case # _____

2. List the names of all other household members - Please enter your income and CHECK how often it is received. If you write a case number, skip to Section 5.

Names of ALL other household members (do not include names of children listed above)	No Income	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Welfare, Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any adult receive Basic Food, TANF, or FDIPIR? If YES, you must list a case number.
			\$					\$					\$					\$				
		\$					\$					\$					\$					
		\$					\$					\$					\$					
		\$					\$					\$					\$					
		\$					\$					\$					\$					

3. Total Household Members (include all people living in your household): _____

4. Foster Child – One Foster Child per application. List the foster child below, child's personal income and how often received. If foster child has no income write "0".

Foster Child's Name	Date of Birth	Child's Personal Income	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 wk.	School	Grade
		\$	<input type="checkbox"/> Twice a mo.	<input type="checkbox"/> Monthly		

5. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDIPIR case number is reported correctly. 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.

Printed Name of Adult Household Member

Check the box if you do not have a social security number

_____-_____-_____
Social Security Number I do not have a social security number.

Signature of Adult Household Member

Date

FORM SPI NSLP M-280 EX 11A (Rev. 7/10)

Mailing Address

Street Address (if different from mailing)

City & Zip

Home Phone Number

Work Phone Number

Email Address

6. Children's Racial And Ethnic Identities (Optional)

Mark one or more racial identities:

- Asian
- White
- Black, or African American

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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 Supplemental Nutrition Assistance Program (Basic Food), 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.

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

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
\$			No Change	Income
	Wage Stubs		Free to Reduced	Household Size
	Written Documents		Ineligible	Did Not Respond
	Collateral Contact		Reduced-Price to Free	Other:
	Agency Records		Free to Paid	
	Other		Reduced-Price to Paid	

Date of Change _____

Date Adverse Notice Sent _____

Signature of Verifying Official _____

Date _____