

Holy Cross

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2009-10

| 1. Children in School (Use a separate application for each foster child) | | | |
|--|-------------|-------|---|
| Names of all children at Holy Cross (First, Middle Initial, Last) | School Name | Grade | SNAP (Food Stamp) or FDPIR case #(if any). Skip to Part 4 if you list a SNAP (Food Stamp) or FDPIR case # |
| 1. | Holy Cross | | |
| 2. | Holy Cross | | |
| 3. | Holy Cross | | |
| 4. | Holy Cross | | |
| 5. | Holy Cross | | |

2. 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: \$ _____. Write "0" if No Personal Income. Skip to Part 4.

3. Total Household Gross Income (Before Deductions) — You must tell us how much and how often.

| a. Name List everyone in household Including children listed in # 1 | b. Gross income and how often it was received: <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> | | | | c. Check if NO income |
|---|---|---------------------------------|---------------------------------------|------------------|--------------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly | \$150/monthly | \$100/monthly | \$ ____ / ____ | |
| 1. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| 2. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| 3. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| 4. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| 5. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |
| 6. | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | <input type="checkbox"/> |

Total Household Size:

Add Additional Household Members on Back of this Page.

4. Signature: An adult household member MUST sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: 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.

If you have completed Number 3, the application must contain the social security number of the person who SIGNS this application OR mark the "I do not have a social security number" box. I Do Not have a Social Security Number.

Signature: _____ Social Security Number: _____ - _____ - _____ Date: _____

Print Name: _____ Mailing Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

5. Mark one or more racial identities (optional):

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 | |

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 (SNAP) 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.

| a. Name (List everyone in household) | b. Gross income and how often it was received | | | | c. Check if NO Income |
|---|---|------------------------------------|--|------------------|-----------------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly | \$150/monthly | \$100/monthly | \$ / / | <input type="checkbox"/> |
| 7. | \$ / / | \$ / / | \$ / / | \$ / / | <input type="checkbox"/> |
| 8. | \$ / / | \$ / / | \$ / / | \$ / / | <input type="checkbox"/> |
| 9. | \$ / / | \$ / / | \$ / / | \$ / / | <input type="checkbox"/> |
| 10 | \$ / / | \$ / / | \$ / / | \$ / / | <input type="checkbox"/> |
| 11 | \$ / / | \$ / / | \$ / / | \$ / / | <input type="checkbox"/> |

FOR SCHOOL USE ONLY:

| | | | | |
|--|----------------------|---|-------------|--|
| Select: <input type="checkbox"/> A. Household Income: | | Annual Income Conversion | | <input type="checkbox"/> B. Categorical Eligibility: Food Stamp and/or FDPIR |
| \$ Amount Per: | | x 52 = _____ | | |
| A. or B. | Week: _____ | x 26 = _____ | | |
| Check (✓) One | Every 2 Weeks: _____ | x 24 = _____ | | |
| | Twice a Month: _____ | x 12 = _____ | | |
| | Month: _____ | x 1 = _____ | | |
| | Year: _____ | | | |
| Total Household Size: <input type="text"/> | | Total Annual Income: <input type="text"/> | | |
| Eligibility for: <input type="checkbox"/> Free <input type="checkbox"/> Temp Free Expires after forty-five (45) Calendar Days: _____ <input type="checkbox"/> Date Withdrawn: _____ | | | | |
| <input type="checkbox"/> Reduced <input type="checkbox"/> Temp. Reduced Time Period _____ Expires after forty-five (45) Calendar days <input type="checkbox"/> Date Withdrawn: _____ | | | | |
| <input type="checkbox"/> Denied Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other: _____ | | | | |
| Signature of Approving Official: _____ | | | Date: _____ | |

FOR SCHOOL USE ONLY – VERIFICATION INFORMATION

Note: Verification must be completed by **November 15**. Document all procedures below.

Verification:
 Date Verification Notice Sent: _____
 Date Response Due From Household: _____
 Date Second Notice Sent (follow up): _____
 Date Response Received: _____

Verification Results (Check One):
 No Change
 Free to Reduced
 Free to Paid
 Reduced to Free
 Reduced to Paid

Type of Confirmation (Check those that are Applicable):
 Wage Stub(s)
 Written Documents (i.e., letter from employer)
 Food Stamp and/or FDPIR Certification
 Other _____

Reason for Change (Check One):
 Income
 Not Receiving Food Stamp, and/or FDPIR
 Did Not Provide _____
 No Response
 Other: _____

Action:
 Date Adverse Notice Sent: _____
 Date of Change: _____

Signature of Verifying Official: _____ Date: _____
 Confirmation Officials: _____ Date: _____
 Follow Up Official/s: _____ Date: _____

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
 The U.S. Department of Agriculture (USDA) prohibit discriminating in all its program and activities on the basis of race, color, national origin, age, or disability, and where applicable, sex, marital status, family status, parental status, religion, sexual orientation, generic information, political beliefs, reprisals, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
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