

INSTRUCTIONS FOR APPLYING

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 and frequency received. Write "0" if the child has no personal use income.

Part 4: Skip this part.

Part 5: Skip this part.

Part 6: Sign the form. A Social Security Number is not necessary.

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) OR the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

Part 1: List each child's name, school, grade

Part 2: SNAP case number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Skip this part.

Part 6: Sign the form. A Social Security Number is not necessary.

If you are applying for a MIGRANT, HOMELESS OR RUNAWAY CHILD, please call [your school, district, homeless liaison, or migrant coordinator]. This application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.

To be approved for meal benefits as soon as possible, please apply with income information following the steps outlined below.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, school, income, and grade.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Follow these instructions to report all 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 not listed in Part 1. Attach another sheet of paper if you need to.

Column 2–Check if no income: If the person does not have any income, you **MUST** check the no income box.

Column 3–6 Gross income 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.

Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

Additional Income Sources: List the total amount each person received last month from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

OTHER INCOME: Report net income for self-owned business, farm, or rental income. Next to the amount, mark how often the person received it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Part 6: An adult household member **must** sign the form and list his or her Social Security Number or mark the box if he or she does NOT have a social security number. **Applications without part 6 completed will NOT be processed.**

INCOME TO REPORT:

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment
Compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony
Child support payments

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the household
Net royalties/annuities/net rental income
Any other income

ATTACHMENT B 2010-2011 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS
(This form may be used only if participating in the federal Child Nutrition Programs)

INSTRUCTIONS: Complete the application, sign your name, and return application to school.

1. STUDENT INFORMATION: PRINT each child's first and last name, school, income, and grade. (Use a separate application for each foster child)

Names of <u>ALL</u> children in school (First and Last)	School name	Grade	Check if NO income	Provide student Income and Frequency of Pay
			<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly

2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR)

Case Number: _____ (Enter number and skip to part 6)

3. Foster Child, check here: If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the **child's** personal use income and the frequency: \$ _____ . ____ monthly 2x/month bi-weekly weekly
 (Write "0" if the child has no personal use income). Complete information and skip to part 6.

4. If the child you are applying for is homeless, migrant, or a runaway call 303-953-4170 to make sure they are registered as such.

5. ALL Household Members, other than those listed above

List ALL current gross income and check how often it was received.

First and Last Name	Check if NO income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ . ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

6. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 5 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.

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

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.

Adult Signature here: _____ **PRINT name:** _____ **Date:** _____

Street Address: _____ **City:** _____ **State:** _____

Zip Code: _____ **Phone Number:** _____

Do Not Write Below This Line. School and Central Office 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: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Expires after 45 days on: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Date withdrawn: _____

Notes: _____

