

**MODIFIED FY 2010-11 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS**  
**You must fill out a new application each school year**  
**ONE APPLICATION PER HOUSEHOLD**

Dear Parent/Guardian:  
 Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. WIC participants may be eligible for free or reduced price meals. Please call the following number \_\_\_\_\_ if you need help:

INCOME CHART			
Effective July 1, 2010 to June 30, 2011			
Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional member add	+6,919	+577	+134

**INSTRUCTIONS:** In addition to completing the adult signature, date, address and phone number, please complete the section below that applies to your household.

- STUDENTS WHO ARE FOSTER CHILDREN**
  - Child's name (each Foster Child needs a separate application)
  - Child's personal income – You must provide an answer
- STUDENTS WITH FOOD STAMP/TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS**
  - Name/Names of children who receive benefits
  - CASE number for each child (EBT or quest card # not allowed)
- ALL OTHER STUDENTS**
  - All household members
  - Gross income by person including how often income is received (weekly, monthly, etc.)
  - Social Security Number of adult signer

I certify that all of the information provided 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.

**CHECK HERE:** If children listed on the application are new to this school or did not receive free and reduced meals last year.

Signature of Adult Household Member or Foster Parent _____	Printed Name of Adult Household Member or Foster Parent _____	Date Signed _____
Street/Apt. Number _____	P. O. Box No. _____	
City _____ State _____ Zip Code _____	Home Phone No. _____	Work Phone No. _____

1. FOSTER CHILD	GRADE	SCHOOL	CHILD'S PERSONAL INCOME

2. STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS	GRADE	NAME OF SCHOOL	List the FOOD STAMP, TAFI, or FDPIR case number for each child
1			
2			
3			
4			

3. List the names of everyone in your household and gross income they receive except children listed above (unless income earned.) If household member listed below has no income, you must check the NO INCOME box. How often income is received must be answered.	Students Only	Students Only	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		ALL OTHER INCOME	
			How Much?	How often?	How Much?	How often?	How Much?	How often?	How Much?	How often?
NAME	NO INCOME	GRADE	NAME OF SCHOOL							
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 number of household members – Attach a sheet of paper listing other household members if needed.

**SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER WHO IS SIGNING THIS APPLICATION**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I do not have a Social Security Number

## CHILDREN's ETHNIC AND RACIAL IDENTITY-OPTIONAL

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

**PLEASE NOTE:**

**Verification:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

**Fair Hearing:** You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reapplication:** You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

**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 Program, Temporary Assistance for Families in Idaho (TAFI) 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 review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla espanol.

**“In accordance with Federal law and U.S. Department of Agriculture 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 (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”**

**DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY**

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12		<b>DENIED:</b> <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	
<input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ Frequency _____ Household size: _____		<b>TEMPORARY APPROVAL FOR:</b> <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____	
<b>APPLICATION APPROVED FOR:</b> <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> WITHDRAWAL DATE _____		<b>VERIFICATION RESULTS:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) _____ Signature of confirming Official _____	
Signature of Determining Official: <b>X</b>		Signature of Verifying Official: <b>X</b>	
Date Approved: _____		Date _____	
Date Notice Sent: _____		Date 2 <sup>nd</sup> Notification Sent: _____	