

HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call _____.

Part 1 – Student Information					FOSTER CHILD INFO. ONLY	
NAME OF CHILDREN ENROLLED (First Name, Last Name)	Social Security Number	GRADE	SCHOOL ATTENDING	K-TAP or SNAP (Food Stamp) Case Number (If you receive both, list K-TAP Case Number)	Foster Child (X)	Child's Personal use Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

ALL OTHER HOUSEHOLDS

PART 2 – LIST ALL HOUSEHOLD MEMBERS	GROSS MONTHLY INCOME BEFORE DEDUCTIONS			
	If you did not write a SNAP (formerly Food Stamps) or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application			
NAME	Earnings from work (before deductions)	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the SNAP or K-TAP 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.

X _____ X _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER Social Security Number
 _____ X _____
 Printed Name of Adult Household Member Date Signed Home Telephone # / Work Telephone #
 X _____ X _____
 Mailing Address/Apt. Number City/State/Zip Code

PART 4 – Medicaid or K-CHIP Benefits – This section does not need to be completed to receive free or reduced price meals.

We may share your information with Medicaid or the Kentucky Children’s Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line below. **NO**

X _____ X _____
 SIGNATURE OF PARENT/GUARDIAN DATE

<p>PART 5 - RACE AND ETHNICITY: (You are not required to answer this question.) No child will be discriminated against because of race, color, sex, national origin, age or disability.</p>	<p>ETHNICITY: (Choose one)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>RACE: (Choose one)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p>
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PRIVACY ACT NOTICE: The 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 signed the application unless (1) you are applying for a foster child or (2) you list a Food Stamp or K-TAP number for your child or (3) when the adult who signed the application does not have social security number. We will use the information to determine if your child is eligible for free or reduced price meals and for the operation and enforcement of the breakfast and lunch programs. We may share this eligibility information with (1) education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs; (2) auditors for program reviews; and (3) law enforcement officials to help them investigate violations of program rules.

ANNUAL INCOME : To determine annual income:	
WEEKLY INCOME X 52	TWICE A MONTH X 24
EVERY 2 WEEKS X 26	MONTHLY INCOME X 12

FOR CENTRAL FOOD SERVICE OFFICE—DO NOT WRITE BELOW THIS LINE

ELIGIBILITY DETERMINATION

Total Household Size: _____ Total Income: \$ _____ Monthly Annual or Food Stamp/K-TAP

Eligibility Determination: Approved Free Approved Reduced Price Denied Temporary Approval

Reason for Denial: Income Too High Incomplete Application Other (Reason) _____

Date Notice Sent: _____ Signature of Determining Official _____ Date: _____

Withdrawal Date: _____ Re-entry Date: _____ 2nd Withdrawal Date: _____ Re-entry Date: _____

VERIFICATION

<p>Selection Method:</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Focused</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Other</p>	<p>Date Selected for Verification: _____</p> <p>Response Due from Households: _____</p> <p>Second Response Sent: _____</p>	<p><input type="checkbox"/> SNAP (formerly Food Stamps)/K-TAP Eligibility</p> <p><input type="checkbox"/> Not Confirmed</p> <p>Confirmed:</p> <p><input type="checkbox"/> SNAP (Food Stamp)/K-TAP Office</p> <p><input type="checkbox"/> Notice of Eligibility</p> <p><input type="checkbox"/> Notification Card, Issued</p>	<p><input type="checkbox"/> Income \$ _____</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Wage Stubs</p> <p><input type="checkbox"/> Written Documents</p> <p><input type="checkbox"/> Collateral Contact</p> <p><input type="checkbox"/> Agency Records</p> <p><input type="checkbox"/> Other</p>
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Verification Results: No Change Ineligible Free to Reduced Price Reduced Price to Free

Reason for Eligibility Change: Income Household Size Refused to Cooperate Other _____

Date Adverse Notice Sent: _____ Date Change: _____ Signature of Verifying Official: _____ Date: _____