

SNAP, TANF OR FDPIR HOUSEHOLD

Multi-Child Free and Reduced Price School Meals Application for 2014–2015

Part 1: All Children in School in the Household							D. Check if child has no income	Part 2. Benefits—If any member of your household receives SNAP, TANF, or FDPIR, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 4. If no one receives these benefits, go to Part 3.
A. List the names of all children in school in your household. (First, Middle Initial, Last)	B. List the name of the school for each child.	C. Check the appropriate box if a child participates in any one of the following programs. If all children participate in at least one of these programs go to Part 4. If only some, go to Part 2.						
		Foster	Homeless	Migrant	Runaway	Head Start		
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SNAP-TANF Household

1. Part 1- All Students must be listed in part 1.

a. A valid SNAP, TANF OR FDPIR EDG (Eligibility Determination Number) must be listed.

b. The TIERS Eligibility Determination Group (EDG) number, which is a:
 *9 digit number between "0" and "9" OR
 *8 digit number that **doesn't** begin with a "0"

2. Part 4- Adult must sign application in part 4 (not required to provide last 4 digits of Social Security number)

Acceptable Adult Signature
 Any printed name or cursive signature appearing in the space following the certification statement is an acceptable signature. Legal signatures do not have to be cursive.

Part 3. Total Household Gross Income.			
A. List all household members not listed as children in school in Part 1.	B. List all income on the same line. Mark the box under No Income. (A=Annually M=Monthly T=Tri-Monthly)		
	Earnings from Work Before Deductions		
(Example) Jane Smith	\$199.00/E	\$14	
1.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
2.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
3.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
4.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
5.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
6.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
7.	\$ _____ / ____	\$ _____	<input type="checkbox"/>
8.	\$ _____ / ____	\$ _____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number—An adult household member **must** sign the application. If Part 3 is completed, the adult signing this form must provide the last four digits of his/her Social Security number **or** mark the box in front of "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.

Sign Here: _____ Print Name Here: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: ***-**-____ I do not have a Social Security number.

Do Not Fill Out This Part. This Is For School Use Only

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—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: **Meal Eligibility:** Free Reduced Denied Date Withdrawn: _____

Reviewing/Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Reviewing/Determining Officials Signature

Verification USE ONLY

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Multi-Child Free and Reduced Price School Meals Application for 2014–2015 Extra Household Member Reporting Sheet

Use this sheet if needed to report additional children in the household or additional household members.

Part 1: All Children in School in the Household							
A. List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	B. List the name of the school for each child.	C. Check the appropriate box if a child participates in any one of the following programs. If all children participate in at least one of these programs go to Part 4. If only some, go to Part 2.					D. Check if child has no income
		Foster	Homeless	Migrant	Runaway	Head Start	
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3. Total Household Gross Income.					
A. List all household members not listed as children in school in Part 1.	B. List all income on the same line as the person who receives it. Record how often the income is received in the second blank. Mark the box under <i>No Income</i> if the person has no income. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Social Security, SSI, or VA Retirement Benefits	All Other Income	No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>
9.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
10.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
11.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
12.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
13.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
14.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
15.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
16.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
17.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
18.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
19.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
20.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>

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 last four digits of the Social Security number of the adult household member who signs the application. The last four digits of 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), Temporary Assistance for Needy Families (TANF) 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.

