

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

MULTI-CHILD

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp case # (if any)
			____-____-____
			____-____-____
			____-____-____
			____-____-____
			____-____-____

If you listed a Food Stamp case number, skip to Part 4

Part 2. Foster Child 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 monthly income: \$ _____. Skip to Part 4.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name	2. Last month's income and how often it was received <i>Example: \$100/monthly or \$100/twice a month or \$100/every other week or \$100/weekly</i>				3. Check if NO income
(List everyone in household)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<i>Jane Smith Example)</i>	\$200 /weekly	\$150 /weekly	\$100 /monthly	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 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. (See Privacy Act Statement on the back of this page.)

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: X _____

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

Home phone# _____ Work Phone # _____ Message Phone # _____

Street or Rural Address _____ City _____ Zip _____

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Other

Mark one ethnic identity:

- Hispanic or Latino Not Hispanic or Latino

Part 6. Disclosure (Optional)

I do not want school officials to share information from my free and reduced price school meal application with Medicaid or the state Children's Health Insurance Program (ARKids 1st)

Don't complete the following. School use only.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: _____ Household size: _____ FS: _____ Date Withdrawn: _____
 Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____

Determining Official's Signature: _____ Date: _____