

**FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION**

**SINGLE-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**

<b>1. Name</b>	<b>2. Last month's income and how often it was received</b> <i>Example: \$100/monthly or \$100/twice a month or \$100/every other week or 100/weekly</i>				<b>3. Check if NO income</b>
(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"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<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 1<sup>st</sup>)

**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: \_\_\_\_\_