

**Complete, sign and return this application to your child's school Child Nutrition Services Department.**

**1. List all children living with you (except Foster Children).** Include any income received and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 5. See Section 4 for Foster Child.** (You must submit a separate application for each Foster Child).

Child's Last Name	Child's First Name	MI	Date of Birth	School	Grade	Student Income	Pensions, Retirement, Social Security (SSI)					Any Other Income Not Already Listed	Does your child receive Basic Food, TANF or FDIPIR? If YES, you must list a case number.
							Weekly	Every 2 Weeks	Twice a Month	Monthly	Weekly		
						\$							<input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____ <input type="checkbox"/> Yes-Case # _____
						\$							
						\$							
						\$							
						\$							

**2. List the names of all other household members - Please enter your income and CHECK how often it is received. If you write a case number, skip to Section 5.**

Names of ALL other household members (do not include names of children listed above)	Earnings from work (before any deductions)			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security (SSI)			Any Other Income Not Already Listed	Does any adult receive Basic Food, TANF, or FDIPIR? If YES, you must list a case number.		
	Weekly	Every 2 Weeks	Twice a Month	Monthly	Weekly	Every 2 Weeks	Twice a Month	Monthly	Weekly			Every 2 Weeks	Twice a Month

**3. Total Household Members (include all people living in your household):** \_\_\_\_\_

**4. Foster Child** – One Foster Child per application. List the foster child below, **child's personal income and how often received.** If foster child has no income write "0".

Foster Child's Name	Date of Birth	Child's Personal Income	Frequency	School	Grade
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wk. <input type="checkbox"/> Twice a mo. <input type="checkbox"/> Monthly		

**5. Signature and Social Security Number** – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDIPIR 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.

Printed Name of Adult Household Member \_\_\_\_\_

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

**Check the box if you do not have a social security number**

I do not have a social security number.

**Social Security Number** \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address (if different from mailing) \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## 6. Children's Racial And Ethnic Identities (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

## 7. Other Benefits

If you would like information on Apple Health for Kids free or low-cost health insurance for children, please call toll free 1-877-543-7669 to request an application or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>.

You must check the box by each program that you would like to share the information on the application with:

- Sports/Athletics       APT Testing       Summer School

By signing below, I allow the information contained on this application to be shared with the programs I have checked above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**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 Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) 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 reviews, and law enforcement officials to help them look into violations of program rules.

### SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

#### LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household  
 Income Household  
 Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by (circle one): weekly    every two weeks    twice a month    monthly    annual

#### APPLICATION APPROVED FOR:

- Free Meals  
 Reduced-Price Meals

#### TEMPORARY APPROVAL FOR:

- Free Meals       Reduced-Price

Date Temporary \_\_\_\_\_

Approval Expires: \_\_\_\_\_

#### APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount  
 Incomplete/Missing Information  
 Other: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_

Date \_\_\_\_\_

#### VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_

Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_

Date \_\_\_\_\_