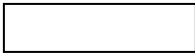


**RADFORD CITY SCHOOLS 2010-2011 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD**



Complete, sign, and return the application to any school in the division. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

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

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID # (if applicable)	LIST SNAP or TANF CASE NUMBER (if applicable)
1							
2							
3							
4							
5							
6							

If you are getting SNAP (formerly Food Stamps) or TANF benefits for your child(ren), list the case number(s) above. DO NOT complete Parts 2, 3, or 4. Go to Part 5.

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school to talk with the homeless liaison or migrant coordinator. Homeless Migrant Runaway Complete Parts 1, 4, 5, 6, and 7.

Part 3. If this is a FOSTER CHILD, who is the legal responsibility of the courts, check here and write the child's monthly "personal use" income here: \$ _____. Write "0" if the child has no personal use income. DO NOT complete Part 4. Go to Part 5. (Use a separate application for each foster child).

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 3 or if you did not list a SNAP or TANF case number in Part 1). List all household members, including the child(ren) listed above. List gross income before any deductions and tell us how often it was received.

Names of all Household Members (Include the child(ren) named above)	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received. Use the following: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly					Check If No Income
		Earnings from Work Before Deductions, Wages, Salaries, and Tips, or Strike Benefits, Unemployment Benefits, Worker's Compensation or Earnings from Self-owned Business		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (See Back of Form)	
		Job 1 \$ Amount/How Often	Job 2 \$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	
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 5. ETHNIC IDENTITIES: Please mark one of the following: Hispanic or Latino Not Hispanic or Latino

RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please mark one or more of the following racial identities:

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

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b OTHERS: Your permission is required for the school to use this information for other benefits. YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose only. Free Bus Fare _____ _____ _____

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide a social security number before it can be approved. (See Privacy Act Statement on back).

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

□□□-□□-□□□□

I Do Not Have A Social Security Number

SIGN HERE

Social Security #of Adult Signing Application

Signature of Adult Household Member

Date

Mailing Address: _____ Home Phone: _____

Zip Code: _____

Work Phone: _____

DO NOT WRITE BELOW LINE - SCHOOL USE ONLY-

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: \$ _____ / _____ HOUSEHOLD SIZE _____ SNAP TANF

Approved Free Approved Reduced Temporary, Expires _____ Other: _____
 Denied Reason: Income Too High Incomplete

Date Approval/Denial Notice Sent To Household: _____ Signature of Approving Official: _____

Transferred/Withdrawn Date: _____

Transferred To: _____

VERIFICATION SUMMARY: Date Selected: _____ Date of Confirmation Review: _____ Reviewer's Initials: _____ Confirmation Result: _____

Date Response Due: _____ Date of 2nd Notice: _____ Date Verification Results Notice Sent: _____

Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid

Reason for Change: Income Household Size Refused to Cooperate Change in SNAP/TANF

Date: _____ Verifying Official's Signature: _____

**INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION
FOR FREE AND REDUCED PRICE MEALS**

To apply for free or reduced price meals, complete **one application for ALL children in the household who are in school** using the following instructions. Sign the application and return the application to any school in the school division or to the school nutrition office. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT EACH NEW SCHOOL YEAR.**

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the names of all children in the household who are in school.
2. List the grade, the school and the student's school ID# for each child.
3. List a current Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF case number for each child. This number is in your approval letter. **If you list a SNAP or TANF number you do not need to list names of household members or income. No social security number is needed if a SNAP/TANF case number is provided. These households should SKIP Part 4 and COMPLETE Parts 5, 6, & 7.**
4. All households must sign the application in Part 7. Income households must provide the social security # of the adult signing or check the box if they do not have one.

PART 2 - Check the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PARTS 5, 6, & 7. USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. *A foster child is the legal responsibility of a welfare agency or court.*

1. List the foster child's monthly "**personal use**" income. Write "0" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. **Skip Part 4.** Do not list any other children, household members, or income.
2. A foster parent or other official representing the child must sign the application in Part 7. No social security number is required.

PART 4- ALL OTHER HOUSEHOLDS WITHOUT A SNAP OR TANF NUMBER LISTED IN PART 1, including WIC households, OR WHO DID NOT COMPLETE PART 3, MUST COMPLETE PARTS 4, 5, 6 & 7.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, all children who are in school, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member got **last month**, before taxes or anything else is taken out, **and** how often it was received. For example, list the gross income each person earned from work. The amount should be listed on your pay stub. This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount write how often the person received it. If any amount **last month** was more or less than usual, write that person's usual income.
3. Military families: If you get a Basic Allowance for Housing (BAH) to live off-base this **MUST** be included as income. If your housing is part of the "Military Housing Privatization Initiative," do not include this housing allowance as income.
4. If combat pay is received in addition to basic pay because of deployment and it was not received before deployment, do not count as income.
5. An adult household member must sign the application in Part 7 and give his/her social security number or check the box if they don't have one.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

		List Gross Income (before any deductions) in whole dollars. Write in how often income is received. (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly					
EXAMPLE Names of all Household Members (Include the child(ren) named above) Do Not Complete if this is a foster child, or if you listed a SNAP or TANF case number in Part 1.	Age	Earnings from Work Before Deductions, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income from Self-Owned Business or Farm		Welfare, Child Support, Alimony Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Retirement, Social Security Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	All Other Income Disability Benefits, Cash Withdrawn from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income	Check If No Income
		Job 1	Job 2				
(Example) <i>Jane Smith</i>	42	\$200/W (Weekly)	\$100/E (Every 2 weeks)	\$150/M (Monthly)	\$100/M Monthly	\$50/T (Twice per Mo.)	<input type="checkbox"/>

PART 5 - ETHNIC /RACIAL IDENTITY:

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

PART 6 and 6b – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 6 on the application. To obtain meal benefits, you are not required to complete this section.

PART 7 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 7.

1. SIGN HERE. The application must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, they must check the box I Do Not Have A Social Security Number. If you listed a SNAP or TANF number for each child, or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: 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 (SNAP), 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.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.