

# EVERETT PUBLIC SCHOOLS ~ 2013-2014 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

**CHECK THIS BOX IF YOUR FAMILY RECEIVED FREE OR REDUCED-PRICE MEALS LAST YEAR AT EVERETT PUBLIC SCHOOLS.**

**COMPLETE, SIGN AND RETURN THIS APPLICATION TO YOUR YOUNGEST CHILD'S SCHOOL KITCHEN.**

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student 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 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.

If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.  Homeless  Migrant

Student ID Number	Student's Name Last, First, MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF or FDIPIR? If YES, you must list a case number and check the appropriate box.			
												Basic Food	TANF	FDPIR	
						\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List the names of all other household members – enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren) you must proceed to Section 3.

Names of All other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any household member receive Basic Food, TANF, or FDIPIR? If YES, you must list a case number & check the appropriate box.				
																							Case #	Basic Food	TANF	FDPIR	
			\$					\$					\$					\$						_____	<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"/>	<input type="checkbox"/>
			\$					\$					\$					\$						_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. 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 \_\_\_\_\_ Mailing and/or Street Address \_\_\_\_\_

Signature of Adult Household Member \_\_\_\_\_ City & Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Last 4 digits of your social security number: \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_ DATE \_\_\_\_\_

OR, if you do not have a social security number, check the box:

5. Children's Racial and Ethnic Identities (optional)

Mark one or more racial identities:  Asian  White  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

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 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 (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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.