

**2011-2012 WISE COUNTY SCHOOLS HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS**  
**COMPLETE ONE APPLICATION PER HOUSEHOLD**

For office use only  
APPLICATION #

Complete, sign, and return the application to any school in the division or the central office. If you need help with this form, please see the back of this form or call Food Services at 328-8017.

**Part 1:** 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 3, 4, 5, and 6.**

**Part 2: SNAP or TANF:** If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 4.

Name: \_\_\_\_\_ SNAP or TANF Case Number (do not use 16 digit EBT card number): \_\_\_\_\_

**Part 3:** List all household members, including children. Also list gross income before any deductions and tell us how often it is received. Complete Parts 4, 5, and 6.

Names of all Household Members Include student's <u>FULL LEGAL NAME</u>	Age	Grade	School	Foster Child**	Check If No Income	List Gross Income (before any deductions) in whole dollars. Write in <b>how often</b> income is received, use the following: <b>(W) = Weekly (2W) = Every 2 weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly</b>			
						Earnings from Work <u>Before</u> 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 Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	All Other Income (See Back of Form)
						\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often
1.						\$ . /	\$ . /	\$ . /	\$ . /
2.						\$ . /	\$ . /	\$ . /	\$ . /
3.						\$ . /	\$ . /	\$ . /	\$ . /
4.						\$ . /	\$ . /	\$ . /	\$ . /
5.						\$ . /	\$ . /	\$ . /	\$ . /
6.						\$ . /	\$ . /	\$ . /	\$ . /
7.						\$ . /	\$ . /	\$ . /	\$ . /
8.						\$ . /	\$ . /	\$ . /	\$ . /

**\*\* If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 4. If there are other students in the household who are not foster children, complete Part 2 or go to Part 3 if no one in the household receives SNAP or TANF benefits.**

**Part 4: CHILDREN'S ETHNIC AND RACIAL IDENTITIES:** You are not required to answer this question.

**ETHNIC IDENTITIES:** Please mark one of the following:  Hispanic or Latino    Not Hispanic or Latino

**RACIAL IDENTITIES:** 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 5: 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 6: SIGNATURE & SOCIAL SECURITY NUMBER:** An adult must sign the application and provide the last four digits of the social security number, or mark the box if they do not have one, before it can be approved. (See Privacy Act Statement on back)

**PENALTIES FOR MISREPRESENTATION:** I certify 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 the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

XXX-XX-□□□□

I do not have a social security number   Date: \_\_\_\_\_

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

\_\_\_\_\_  
Last Four Digits of Social Security # of Adult Signing Application

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE OF SCHOOL FOOD SERVICES USE ONLY**

**TOTAL INCOME / HOW OFTEN:** \$ \_\_\_\_\_ / \_\_\_\_\_   **HOUSEHOLD SIZE** \_\_\_\_\_

SNAP Household    TANF Household    Foster Child

**Eligibility Determination:**    Approved Free    Approved Reduced    Temporary, Expires \_\_\_\_\_  
 Denied Reason:    Income Too High    Incomplete

Signature of Determining Official: \_\_\_\_\_ Date Approval/Denial Notice Sent to Household: \_\_\_\_\_

**Transferred / Withdrawn Date:** \_\_\_\_\_   **Transferred To:** \_\_\_\_\_

**Date Selected for Verification:** \_\_\_\_\_ Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Response Due: \_\_\_\_\_ Date of 2<sup>nd</sup> Notice: \_\_\_\_\_

Date 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  
 SNAP/TANF Eligibility

Signature of Verifying Official: \_\_\_\_\_ Date Completed \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION  
FOR FREE OR REDUCED PRICE STUDENT MEALS**

To apply for free or reduced price meals, **COMPLETE ONE APPLICATION PER FAMILY** using the following instructions. Sign and return the application to any school in the division or the Central Office at 628 Lake Street NE, Wise, Virginia, 24293. If you need help completing this form, please call Food Services at (276) 328-8017. **A NEW APPLICATION MUST BE FILLED OUT EACH NEW SCHOOL YEAR.**

**Important:** If you have already received notification of approval for free meals for 2011-2012 school year for **ALL** of your children, **YOU DO NOT NEED TO COMPLETE THIS APPLICATION.**

**IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.
- Part 3: List all children in school. Include the school and grade for each child who is in school.
- Parts 4 & 5: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 6: Sign the form. The last four digits of the Social Security Number are not necessary if you provided a SNAP or TANF case number.

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

- Part 1: If any child you are applying for is homeless, a migrant or a runaway, check the appropriate box and call your school's homeless, migrant and runaway coordinator.
- Part 2: Skip this part.
- Part 3: List all children in school. Include the school, and grade for each child who is in school. See instructions below for reporting household income.
- Parts 4 & 5: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 6: An adult household member must sign the form and provide the last four digits of the Social Security Number (or mark the box if they do not have one).

**IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:**

- Parts 1 & 2: Skip these parts.
- Part 3: If all children in the household are foster children, you are not required to report household income. Include the school and grade for each child who is in school. If one or more children in the household are foster children and other children in the household are not foster children, please see instructions below for reporting household income.
- Parts 4 & 5: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 6: An adult household member must sign the form. The last four digits of the Social Security Number are not required if all children listed are foster children. If some children listed are foster children and others are not foster children, the last four digits of the Social Security Number are required (or mark the box if they do not have one).

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1: If any child you are applying for is homeless, a migrant or a runaway, check the appropriate box and call your school's homeless, migrant and runaway coordinator. If not, skip this part.
- Part 2: If the household does not have a SNAP or TANF case number, skip this part.
- Part 3: See instructions below for reporting household income.
- Parts 4 & 5: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 6: An adult household member must sign the form and provide the last four digits of the Social Security Number (or mark the box if they do not have one).

**\*FOLLOW THESE INSTRUCTIONS TO REPORT TOTAL HOUSEHOLD INCOME FROM THIS MONTH OR LAST MONTH:**

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the children enrolled in Wise County Schools, (include full legal name) 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. 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. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under All Other Income, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses for your business or farm. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
3. For any person(s) with no income, including children, you must check the "No Income" box.

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

EXAMPLE Names of all Household Members Include student's FULL LEGAL NAME	Age	Grade	School	Foster Child**	Check If No Income	List Gross Income (before any deductions) in whole dollars. Write in <b>how often</b> income is received, use the following: (W) = Weekly (2W) = Every 2 weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly			
						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
1. Jane Smith	42					\$ 200.00 /W (Weekly)	\$150.00/M (Monthly)	\$ 100.00 /M (Monthly)	\$50.00/2M (Twice per Mo.)

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 are 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 include 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.

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.