

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, A RUNAWAY OR IN HEAD START CHECK THE APPROPRIATE BOX AND CALL TELEOS PREPARATORY ACADEMY Mrs. Sharkea Hardin at 602-275-5455 OR VIA EMAIL SHARDIN@TELEOSPREP.ORG HOMELESS MIGRANT RUNAWAY HEAD START **If completing this section, fill out Box A and Box B in Part 2.**

PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.													
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number (not EBT card number) and skip to Part 3.	Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Check if NO income	TOTAL HOUSEHOLD GROSS INCOME													
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)													
					Earnings From Work before deductions					All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)								
					How much		How Often			How much		How Often						
							wk	bi-wk	mo	bi-mo	yr			wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○

Box G. If Part 2. Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)

Last four digits of Social Security Number: * * * - * * * - _____

I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)

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. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Date: _____

Print name here: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail: _____

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year Household Size: _____

Error-Prone Case # Application Categorically Eligible

Directly Certified – Attach to match result Selected for Verification (see attachments)

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Date Notice Sent: _____

Date Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	+7,511	+626	+145

Information 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 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 (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: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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.