

FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS 2011-2012

Part 1. Children			
Names of all students (Last, First, Middle Initial)	School or Center Name or DCH Provider Name	Grade	MS SNAP/FDPIR/MS TANF Cash Assistance case # (if any). Skip to Part 5 if you list case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (your school, homeless liaison, migrant coordinator) Homeless Migrant Runaway

Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box Skip to Part 5 to sign form.

Part 4. Total Household Gross Income – You must tell us how much and how often.

1. Name (List all household members)	2. Gross income and how often it was received				3. Check if NO Income
	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income	
(Example) Smith, Jane E.	\$199.99 / weekly	\$149.99 / every other week	\$ 99.99 / monthly	\$ 50.00 / monthly	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
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	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 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 Privacy Act Statement on the bottom of this page.)

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.

Sign here: X _____ Print name: _____

Date: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Last four digits of Social Security Number: *** - ** - ____ - ____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one or more racial identities:

Asian American Indian or Alaska Native

White Native Hawaiian or Other Pacific Islander

Black or African American

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

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 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. "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 DC 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."

Don't fill out this part. This is for school/organization 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: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

If your household receives Supplemental Nutrition Assistance Program (MS SNAP) OR MS TANF OR FDPIR, follow these instructions:

Part 1: List child(ren)'s name, name of school, grade, and a MS SNAP or MS TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

If the child you are applying for is HOMELESS, MIGRANT, or RUNAWAY, check the appropriate box and contact (your school, homeless liaison, migrant coordinator). Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List the child's name, name of school, and grade.

Part 2: Skip this part.

Part 3: Check the box.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List child(ren)'s name, name of school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month

Box 1—Name: List the last and first name of each person living in your household, related or not (such as grandparents, other relatives, or friends), whether they get income or not. You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Box 2—List gross income for last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, Earnings from work: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). If you are in the Military Housing Privatization Initiative do not include this housing allowance. All other income: List the amount each person got last month from other sources.

INCOME TO REPORT

Earnings from Work

Wages/Salaries/Tips

Strike Benefits

Unemployment Compensation

Workers Compensation

Net Income from Self-Owned

Business or Farm

Net Royalties/Annuities/Net

Rental Income

Welfare/Child Support/Alimony

Public Assistance Payments

Welfare Payments

Alimony/Child Support Payments

Pensions/Retirement/Social Security

Pensions

Supplemental Security Income (SSI)

Retirement Income

Veterans (VA) Benefits

Social Security

Other Income Sources

Disability Benefits

Regular Contributions from Persons

not Living in the Household

Any Other Income

Box 3—Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

LETTER TO HOUSEHOLDS (MULTI-CHILD MEALS) (PRICING PROGRAM)

Dear Parent/Guardian:

Children need healthy meals to learn. The Gulfport School District offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is 30c for breakfast and 40c for lunch. All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled, and the disability would prevent the child from eating regular school meal, this school/center will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. The amount of reimbursement received by the school/center is determined by the income of the household or whether your child qualifies as categorically eligible.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Child Nutrition Dept., 2014 Pass Road, Gulfport, MS 39501, 865-4696.

2. Who can get free meals? All children in households receiving benefits from State SNAP, the Food Distribution Program on Indian Reservations or State TANF can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. Can homeless, runaway and migrant children get free meals? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail your school, homeless liaison or migrant coordinator to see if they qualify.

5. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart shown on this application.

6. Should I fill out an application if I received a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the school at 865-4696 if you have questions.

7. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

8. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. Will the information I give be checked? Yes, and we may also ask you to send written proof.

10. If I don't qualify now, may I apply later? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

11. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: Glen East, Superintendent, 865-4600, 2001 Pass Road, Gulfport, MS 39501.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

14. What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. We are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. Is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed; combat pay is not counted as income. Contact your school for more information.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for (State SNAP) or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call 865-4696.

Si necesita ayuda, por favor llame al telefono 865-4696

Si vous voudriez d'aide, contactez nous au numero 865-4696

Sincerely,
Debbie Chatagnier, R.D., Director
Child Nutrition Department

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

Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person	7,067	589	136