

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

<b>PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS</b>								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

<b>PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE</b>							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

<b>PART 2b LIST HOUSEHOLD MEMBERS AND INCOME</b>					
NAMES of Household Members (First, MI, Last)	Check if NO Income	Earnings from Work (List Amount/How Often, Earnings before deductions) Job 1                      Job 2	Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)
(example) Jane I. Smith	<input type="checkbox"/>	List how much & how often for example: \$100/weekly, \$100/every two weeks, \$100/twice a month, \$100/monthly.			
1.	<input type="checkbox"/>				
2.	<input type="checkbox"/>				
3.	<input type="checkbox"/>				
4.	<input type="checkbox"/>				
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				

<b>PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income</b>				
Child's Name	Child's Personal Use Income: (List amount/How often)	School	Room	Grade

**PART 4: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS**  
An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

I certify that all of the above information is true and correct and that all income is reported. 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.

Please sign here: X _____		
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

**PLEASE TURN OVER**

If you would like information on free or low-cost health insurance for your kids, call 1-877-543-7669.

