School Year 2006-2007 Application for Child Nutrition Program Benefits

Carefully follow instructions on back of application. An incomplete application cannot be approved. Return completed application to school.

Part 1. Children in School - Use a separate application for each foster child. If you enter a case number for EACH child in Part 1, go to Part 4.

Last Name	First Name	School Name	Grade	Case Number for Food Stamps, TAF or FDPIR
1.				
2.				
3.				
4.				
5.				

Part 2. Foster Child ☐ Check box if this application is for a child who is the legal responsibility of a welfare agency or court.
List his/her monthly personal use income. If the foster child has no personal use income, write "0". $_____ Skip to Part 4.

Part 3. Gross Income for ALL Household Members
You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.

List Names of ALL Household Members	Earnings Before Deductions from Last Pay Period (including Overtime)		Other Regular Income: Welfare, Child Support, Alimony, Pension, Social Security, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp.		Check If NO Income
	Amount	How Often	Amount	How Often	Amount	How Often	
1.	$		$		$		☐
2.	$		$		$		☐
3.	$		$		$		☐
4.	$		$		$		☐
5.	$		$		$		☐
6.	$		$		$		☐
7.	$		$		$		☐
8.	$		$		$		☐
9.	$		$		$		☐
10.	$		$		$		☐

Part 4. Children's Racial Identities (optional) – Mark one or more:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other

Children's Ethnic Identity (optional) – Mark one.
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Part 5. Signature & Social Security Number
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his/her Social Security Number OR if the adult does not have a Social Security number, write "none". See the Privacy Act Statement on the reverse side of this application.

I certify that all information on this application is true and that all income is reported. I understand that the school will receive 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.

Sign Here X _____ **Social Security Number** _____ - _____ - _____

Print Name _____ Date _____ E-mail _____

Address, City, State, Zip _____ Home Phone _____

Employer(s) _____ Work Phone _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

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

Application Type (check one)

☐ Food Stamps/TAF/FDPIR
☐ Income Household – Total income: $_____
☐ Monthly Income OR ☐ Annual Income
Household size: _____
☐ Foster Child – Annual personal use income: $_____

Application Status

Approved……..☐Free OR ☐Reduced Price
Temporarily Approved…☐Free OR ☐Reduced Price
Update required by _____
Denied…☐Income over allowed amount ☐Incomplete/missing:
_____

Determining Official's Signature_____ Approval/Denial Date_____ Notification Date_____

Confirming Official's Signature_____ Date_____