Date Received: _____

APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

PART 1. ALL HOUSEHOLD MEMBERS

Names of *ALL* Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate *NA* If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)* *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if *NO* Income *(Must be checked if no income)*
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP, TANF, OR FDPIR, PROVIDE THE NAME AND CASE NUMBER FOR THE ONE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR) AT PHONE NUMBER _____.

☐ Homeless ☐ Migrant ☐ Runaway

NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	$ *199.99* / *weekly*	$ *149.99* / *every other week*	$ *99.99* / *monthly*	$ *50.00* / *monthly*
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

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 back of the next 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 that 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: _____ Date: _____

Print Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - **- ___ ___ ___ ___ ☐ I do not have a social security number.

Part 6: Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*
☐ Hispanic or Latino	☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ Not Hispanic or Latino	☐ White ☐ Native Hawaiian or other Pacific Islander

185% of Poverty Level

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

FEDERAL ELIGIBILITY INCOME CHART for School Year 2014

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each add'l family member, add	7,437	620	310	287	144

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

Income Eligibility:

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

Household Size: _____ Eligibility: Free ☐ Reduced ☐ Denied ☐

Categorical Eligibility: SNAP/TANF ☐ FDPIR ☐

Other Source Categorical Eligibility:

☐ Head Start ☐ Even Start ☐ Homeless ☐ Migrant ☐ Runaway ☐ Foster Child

Reason: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____
(For Confirmation Reviews Under Verification)

Verifying Official's Signature: _____ Date: _____
(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

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), 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.

The United States Department of Agriculture (USDA) 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 USDA. (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 USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail 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.

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price meals, they ***MAY*** also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price meals unless you tell us not to***. Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price meals.)

☐ ***No! I DO NOT*** want information from my Application for Free and Reduced-Price Meals shared with Medicaid or SoonerCare.

If you checked ***No***, fill out the form below to ensure that your information is ***NOT*** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call your child's school.