

2011-2012 Application for Child Nutrition Program Benefits

Important! Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per household. Return completed application to school.

A. HOUSEHOLD MEMBERS						C. TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS					
	List Names of ALL Household Members		Complete these columns ONLY for Students Enrolled in <Enter Sponsor's Name.>		Check if a Foster Child. Skip to Part D to sign this form if ALL are Foster Children.	Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				
							Earnings from Work		Other Regular Income		
	First Name	Last Name	School Name (or "NA" if child is not in school)	Grade			Select Frequency	Amount	Select Frequency		
1.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
2.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
3.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
4.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
5.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
6.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
7.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	
8.					<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y	W E2 2M M Y	<input type="checkbox"/>	

B. BENEFITS - If any member of your household receives Food Assistance, TAF or FDPIR, provide the name and case number for the person who receives benefits and skip to Part D. If no one receives these benefits, go to Part C.

Name: _____ Case Number: _____

D. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER - An adult household member must sign the application. IF PART C IS COMPLETED, the adult signing the form also must list the last four digits of his or her Social Security Number (SSN) or mark the "I do not have a SSN" box. (See Privacy Act Statement on the reverse side of this application.)

Print Name: _____ Daytime Phone: _____ Evening Phone: _____

Address, City, State, Zip: _____ Email: _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child (ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Date: _____ Last four digits of SSN: ***-**-____ OR I do not have a SSN

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

<p>Application Type (check one)</p> <p><input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____</p> <p>Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly</p> <p><input type="checkbox"/> Food Assistance or TAF or FDPIR</p> <p><input type="checkbox"/> Foster Child</p>	<p>Application Status</p> <p>Approved.....<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price</p> <p>Temporarily Approved...<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Expires On: _____</p> <p>Denied.....<input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing:</p> <p>Notes: _____</p>
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Determining Official's Signature: _____	Approval/Denial Date: _____	Notification Date: _____
Processor's Initials: _____	Confirming Official's Signature (ONLY for applications to be verified): _____	Review Date: _____

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

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Report yearly income in Part 1, Gross Income Before Any Deductions.

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 reduced price or free 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 Food Assistance, Temporary Assistance for Families (TAF) 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 reduced price or free 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 to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (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.