

Application # _____

CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.

1 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

Home Phone or Cell Phone (Circle One)

Name Print

Work Phone

Mailing Address – Apt #

→ Number living in this household _____
(Write names of all household members on part 2 and/or part 4 of this form)

City State Zip

2 STUDENT INFORMATION

Child's Name (Legal Last name, First name)

School

Grade

Birth Date (optional)

Check if Foster Child

1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS

If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name

☐ SNAP

Case Number

☐ TANF

Go to Part 5 below

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify (promise) that all of the information on this application is true (correct) 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 give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member

Date Signed

Social Security Number

☐ I do not have a Social Security Number.

X _____ Month/day/year XXX-XX - _____ (See privacy statement on back)

6 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ American Indian & Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black or African American
☐ White, not of Hispanic origin
☐ Other

I prefer all written correspondence in ☐ Spanish ☐ Russian ☐ Other _____

7 I do not want my information shared with State children's health insurance programs. Sign here:

I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. ☐ Yes ☐ No

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____	Number in household: _____	Date Withdrawn: _____
<input type="checkbox"/> Free based on: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster child categorical <input type="checkbox"/> household income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household income	<input type="checkbox"/> Denied – Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application
Determining Official's Signature : _____ Date _____		