

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

School Year: _____

Date Received: _____

Part 1. Children in School (Use a separate application for each foster child.)

Names of All Children in School (First, Middle Initial, Last)	School Name	Grade	Birth Date	SNAP, TANF, or FDPIR Case Number (if any). <i>Skip to Part 4 if you list a SNAP, TANF, or FDPIR case number.</i>

Part 2: Foster Child: If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. *Skip to Part 4.*

Part 3: Total Household Gross Income—You must tell us how much and how often

1. Name (List <i>everyone</i> in household)	2. Gross Income and How Often It Was Received				3. Check if NO Income
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
	Example: \$100/monthly	\$100/twice a month	\$100/every other week	\$100/weekly	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4: Signature and Social Security Number (Adult Must Sign): An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list 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 this 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 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: X _____ Date: _____
 Address: _____ Print Name: _____
 Social Security Number: _____ Phone Number: _____
 I do not have a social security number.

Part 5: Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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

Total Income: _____ Annual Monthly Household Size: _____

Categorical Eligibility: Eligibility: Free Reduced-Price Denied Reason: _____

Zero Income Temporary Until: _____ Date Withdrawn: _____

Determining 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.)

6. **OTHER BENEFITS:** You do not have to complete this part to get free or reduced-price school meals.

Health Insurance Yes, I want health insurance for my children. School officials may give information from my Application for Free and Reduced-Price Meals to the Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my Application for Free and Reduced-Price Meals shared with Medicaid or the State Children's Health Insurance Program.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

**ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS
185 Percent of Poverty Level**

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

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 children for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. 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 for your children 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 children are 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.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and United States Department of Agriculture (USDA) 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 *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800)795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Do not fill out this part. This is for school use only.

Confirmation Review: Yes No

Date Verification Notice Sent: _____ Response Due From Household: _____

Second Notice Sent: _____

Verification Result: No Change Free to Reduced-Price Free to Full-Price Reduced-Price to Free Reduced-Price to Full Price

Reason for Eligibility Change: Income Household Size Refused to Cooperate Change in SNAP/TANF/FDPIR

Other: _____

Date Notice of Change Sent to Parent/Guardian: _____

Signature of Verifying Official: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)