Application #:

2015-2016 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

eals WASHINGTON TOWNSHIP BOARD OF EDUCATION

Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Definition of Household Member: "Anyone who is living with you and shares to Apply for Free and Reduced Price School Meals for Children in Foster care and children who meet the definition of Homeless, income and expenses, even if not related." false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. 'I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give STEP1 Street Address (if available) STEP3 STEP 2 Meals for more information. STEP 4 Contact information and adult signature Approval Date: School Use Only for Adults section will help you with the Income for Children section will help more information.
The Sources of Sources of Income you with the Child Please read How DO Initial: Members section. All Adult Household ncome question. The (Circle Eligibility) Report Income for ALL Household Members (Skip this step if you answered Yes' to STEP 2) List ALL Household Members who are infants, children, and students up to and including grade 12 (fi nore sp Do any Household Members Child's First Name B. All Adult Household Members (including yourself) A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here. If you answered NO > Complete STEP 3. List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Total Household Members (Children and Adults) Name of Adult Household Members (First and Last) (including you) currently participate in one or more of the following assistance Apt# If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) ξ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Earnings from Work 3 Bi-Weeldy 2x Month Howothen? Child's Last Name State 49 G 4) ₩ Child Support/Alimony Public Assistance/ [press spacebar to advance] School Name(Abbr.) 넎 × × × Weekly ₩ × Child income × DIOGRAMS, SNAP, TANE, O. H.DPI BI-Weekly 2x Morth are required for additional names. Howoften? Daytime Phone and Email (optional) Case Number: Check if no SSN How often? All Other income Pensions/Retirement/ Write only one case number in this space. attach another sheet of paper) Student? Yes BHWeekly 2x Month Click all that apply

Printed name of adult completing the form

Signature of adult completing the form

Today's date

OPTIONAL

Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Hispanic or Latino Not Hispanic or Latino	Eurilicity (check one):

Race	Race (check one or more):
	American Indian or Alaskan Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
П	White

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) Program 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 la w enforcement officials to help them look into violations of program rules.

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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).

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