

Multi-Child Free and Reduced Price School Meals Application for 2013–2014

Part 1: All Children in School in the Household—If all children listed below are foster children placed by a foster care agency or court, skip to Part 5 and sign this form.			Part 2: Benefits—If any member of your household receives SNAP, FDPIR, or TANF, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.
List the names of all children in school in your household. (First, Middle Initial, Last)	List the name of the school for each child.	Check for each foster child	
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	
7.		<input type="checkbox"/>	
8.		<input type="checkbox"/>	
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your child's school.			EDG: _____
			<input type="checkbox"/> Homeless
			<input type="checkbox"/> Migrant
			<input type="checkbox"/> Runaway

Part 4: Total Household Gross Income.					
B. Provide the gross income for each person in the household and how often the income is received. Enter the amount in the first line under the appropriate type of income. Enter the abbreviation for how often you receive the income in the second blank. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)					
A. List the names of all household members.	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, or VA Benefits	All Other Income	Check If No Income
(Example) Jane Smith	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>
1.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
2.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
3.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
4.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
5.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
6.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
7.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
8.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>

Part 5: Signature and Last Four Digits of Social Security Number—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/her Social Security number or mark the box in front of "I do not have a Social Security number."

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: _____ Print Name Here: _____

Date: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: ***-**-____ I do not have a Social Security number.

Do Not Fill Out This Part. This is For School Use Only			
Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12			
Total Income: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year	Household Size: _____	
<input type="checkbox"/> Categorical Eligibility	<input type="checkbox"/> Meal Eligibility:	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Determining Official's Signature: _____	Date: _____		
Confirming Official's Signature: _____	Date: _____		
Follow-Up Official's Signature: _____	Date: _____		

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture 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 the Department. (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 contain all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email 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.

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More Information on How to Report Your Income on the Application

- Gross Income—Record the amount earned before taxes and other deductions.
 - How Often Income Is Received—Record type of income received for the month—weekly, every other week, twice a month, or monthly
- and not the take-home pay. You should be able to find this information on your paystub, or ask your boss.
- All Other Income—Record Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits, and foster payments received from the placing agency.

Family Size	Annually	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
<i>For each additional family member add:</i>					
	+\$7,437	+\$620	+\$310	+\$287	+\$144

For ONLY the self-employed, under *Earnings from*

Work Before Deductions, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Application Instructions

<i>Not everyone has to complete every part of the application. The following table lists the parts of the application you must complete based on household circumstances.</i>	
Your household receives any of the following benefits: <ul style="list-style-type: none"> - Supplemental Nutrition Assistance Program (SNAP), - Temporary Assistance for Needy Families (TANF), or - the Food Distribution Program on Indian Reservations (FDPIR) 	Complete Parts 1, 2, & 5. (not necessary to provide last 4 digits of Social Security number)
Any child in your household has been identified as <ul style="list-style-type: none"> - homeless, - migrant, or - runaway, but no one in the household receives state SNAP or TANF benefits.	Complete Parts 1, 3, 4 (for any child not listed in Part 3), & Part 5.
All children in the home are foster children placed by a foster care agency or court.	Complete Parts 1 & 5. (not necessary to provide last 4 digits of Social Security number)
Some of the children in the home are foster children placed by a foster care agency or court.	Complete Parts 1, 2 if applies, 3 if applies, 4, & 5.
The household receives WIC.	Complete Parts 1, 2, 3, 4, & 5.