

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete the form, sign your name and return it to 1 Sir Bills Circle, Johnstown, NY 12095 or your child's school. Call (518) 762-1875 if you need help.

1. STUDENT INFORMATION: (PLEASE PRINT CLEARLY - ONE FORM PER FAMILY)

Children's Names: (Complete a **separate** application for each foster child.)

LAST FIRST M.I. GRADE SCHOOL

2. FOSTER CHILD: If the above named child is the responsibility of a welfare agency or court, check this line _____.

List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. HOUSEHOLDS GETTING FOOD STAMPS or AID TO DEPENDENT CHILDREN (ADC)/TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) FOR THEIR CHILDREN:

Complete this section and sign the application in part 5 **OR** submit a Direct Certification letter from the Office of Temporary & Disability Assistance. **Write your case number as provided on your benefit letter, NOT the number on your benefit card.**

Food Stamp # _____ TANF/FDPIR # _____

Note: Complete a SEPARATE application for children in the household with a different case number or no case number.

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or ADC number, complete part 4 & 5.

SHOW HOW OFTEN YOU RECEIVE YOUR CURRENT INCOME: (Example: \$100/weekly or \$100/bi-weekly or \$100/2 times a month or \$100/monthly.) IF PAY PERIOD IS NOT NOTED, THE REVIEWING OFFICIAL WILL PROCESS THE REPORTED INCOME AMOUNT AS WEEKLY.

List Names of Everyone in your Household	Earnings from work BEFORE deductions	Child Support Alimony, etc.	Payments from Pension or Retirement	Other Income
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

5. SIGNATURE: An adult household member MUST sign the application before it can be approved.

I certify that all of the information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal lunch funds;

School officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable

State and Federal laws and my children may lose meal benefits.

SIGNATURE: _____ **Date signed** _____ **SOCIAL SECURITY #:** _____

Home Phone # _____ Work Phone # _____ Home Address _____ Zip Code _____

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application **MUST** provide their Social Security #.

For School Use ONLY: Annual income conversion (convert only when multiple frequencies are reported), weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12

___ Food Stamp, ADC or TANF Household

___ Income Household: Total Household Income/Frequency: _____ / _____

Household Size _____

Application Approved for: _____ Free Meals _____ Reduced Meals _____

Application DENIED _____

APPLICATION INSTRUCTIONS FOR FREE & REDUCED PRICE SCHOOL MEALS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Department of Social Services OR complete the application using the instructions for your household. Sign the application and return the application to Food Service, 2 Wright Dr., Johnstown, NY 12095 **or your child's school**. Please complete a separate application for each foster child. **However, only ONE application PER FAMILY is needed.** Call (518) 762-1875 if help is needed.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART.

- 1) Print the names of the children you are applying for.
- 2) List their grade and school.

PART 2 - HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5. - A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- 1) List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. **SKIP PART 4** - Do not list any other children, household members or income, or a social security number.
- 2) A foster parent or other official representing the child must sign the application in PART 5.

PART 3 - HOUSEHOLDS GETTING FOOD STAMPS OR ADC/TANF: COMPLETE THIS PART AND SIGN PART 5.

- 1) List a current food stamp case number or ADC/TANF number. Complete a separate application for a child/children with a different case number.
- 2) Sign the application in PART 5. An adult household member must sign. **SKIP PART 4.** Do not list names of household members or income if you list a food stamp case number or ADC/TANF number.

PART 4 & 5 - ALL OTHER HOUSEHOLDS: COMPLETE THESE PARTS AND PART 5.

- 1) Write the names of everyone in your household, whether they get income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **IN YOUR HOUSEHOLD**. Use another piece of paper if you need more space.
- 2) Write the amount of income each household member got last month, before any taxes or other deductions were taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income. **SPECIFY HOW OFTEN THIS INCOME AMOUNT IS RECEIVED: WEEKLY, BI-WEEKLY, MONTHLY, 2 TIMES PER MONTH.**

3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, Temporary Assistance to Families (TANF) and At Risk Child Care Programs should not be considered as income for this program.

SOCIAL SECURITY NUMBER: The application **MUST** have the social security number of the adult who signs it. If the adult does not have a social security number, write "none". If you listed a food stamp, ADC/TANF, or FDPIR number or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free & reduced price meal application. Your written consent is required before any information may be released.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp or ADC or TANF case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on a the basis of race, color, national origin, sex, age or disability. To file a complaint, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice & TDD).

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