

2011 - 2012 Free and Reduced School Meals Family Application

Houston County Schools

Please refer to instructions on back. USE BLACK INK, print neatly within the boxes.

1 CHILDREN IN SCHOOL LIST ALL STUDENTS ATTENDING HOUSTON COUNTY SCHOOLS. Print Neatly with BLACK INK student id (optional), name, birth date, grade, and income of EACH ENROLLED child if any.

Student ID# (Optional)	First Name	MI	Last Name	Date of Birth			Grade	Foster Child	STUDENT'S Monthly Income. If Any	No Income
				MM	DD	YY				
								<input type="checkbox"/>	\$	
								<input type="checkbox"/>	\$	
								<input type="checkbox"/>	\$	
								<input type="checkbox"/>	\$	
								<input type="checkbox"/>	\$	
								<input type="checkbox"/>	\$	

2 List the case number for any household member (including adults) receiving Family SNAP or TANF benefits.

3 HOMELESS, MIGRANT, RUNAWAY If the child you are applying for is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call Jennifer Birdsong, at 478-988-6200. H M R

4 HOUSEHOLD MEMBERS. DO NOT INCLUDE Students already Listed. GROSS MONTHLY INCOME BEFORE DEDUCTIONS. If you did not write a SNAP or TANF number for all children in Part 2, complete this Part, listing everyone in your household, and sign the application.

Print first and last name of all adults and children not listed above	No Income	Earnings from Work Before Deductions (Monthly)	Welfare Payments, Child Support, Alimony (Monthly)	Pension, Retirement, Social Security (Monthly)	Any Other Income Including Temporary Income (Monthly)
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$

6 SIGNATURE: An adult household member must sign the application. If part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "X here if you do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

ADULT Social Security Number (Last 4 digits) XXX - XX - X here if You DO NOT have a SSN

CERTIFICATION: I certify (promise) that all information on this application is true and correct, that all income is reported and/or the SNAP or TANF case number is correct. 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 under state and federal statutes.

To Determine Monthly Income: Multiply Weekly by 52 and divide by 12, Every Two Weeks by 26 and divide by 12 or Twice Monthly by 24 and divide by 12.

5 ENTER THE TOTAL HOUSEHOLD MEMBERS (Add the Names listed in Parts 1 & 4)

X ADULT SIGNATURE REQUIRED

7 Mailing Address Apt #
 City State Zip Code Daytime Telephone Number

Print First Name
 Print Last Name
 DATE SIGNED

8 Race Identity (Optional) Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other **Ethnic Identity (Optional)** Hispanic or Latino NOT Hispanic or Latino

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

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 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 law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."