2012-2013 FREE AND REDUCED PRICE MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school for each child. Indicate "NA" if child is not in school.	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if **NO** income
		❑	❑
		❑	❑
		❑	❑
		❑	❑
		❑	❑
		❑	❑
		❑	❑
		❑	❑

PART 2. BENEFITS IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **SNAP**, **FDPIR** OR **FITAP**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 5**. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL [your school homeless liaison, migrant coordinator at phone #]

❑ HOMELESS ❑ MIGRANT ❑ RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
{Example} Jane Smith	**$199.99/weekly**	**$149.99/every other week**	**$99.99/monthly**	**$50.00/ monthly**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**
	$_____ / ____	**$_____ / ___**	**$_____ / ____**	**$_____ / ___**

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

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 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: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: X X X - X X - ___ ___ ___ ___ ❑ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/ Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

LaCHIP

No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

_____ I do not want school officials to share information from my free and reduced-price meals application with La CHIP.

Please sign here: X_____ _____

Signature of Parent/Guardian Date

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 2013

Household Size	Yearly	Monthly	Weekly
1	$20,665	$1,723	$398
2	$27,991	$2,333	$539
3	$35,317	$2,944	$680
4	$42,643	$3,554	$821
5	$49,969	$4,165	$961
6	$57,295	$4,775	$1,102
7	$64,621	$5,386	$1,243
8	$71,947	$5,996	$1,384
Each additional person:	+ $7,326	+ $611	+ $141

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."

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: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____Eligibility: Free___ Reduced___ Denied___ Reason: _____

Temporary: Free_____ Reduced_____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____Date: _____