

INSTRUCTIONS FOR APPLYING FOR FREE AND REDUCED PRICE MEALS

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP OR TANF OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**, FOLLOW THESE INSTRUCTIONS:

Part 1: List the names of all children in school and the school name for each child.

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

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question, if you choose.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP OR TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List the names of all children in school and the school name for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call or email [Dan Smith](#) at 882-4531.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. Leave the last four digits of a Social Security number blank if Part 4 does not apply to you.

Part 6: Answer this question, if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If **all children in the household are foster children**:

Part 1: List all foster children and the school name for each child. Check the line indication the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question, if you choose.

If **some of the children in the household are foster children**:

Part 1: List the names of all children in school and the school name for each child. Check the line if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call or email [Dan Smith](#) at 882-4531.

Part 4: Follow these instructions to report total household income from this month or last month.

Box 1—Name: List all household members.

Box 2—Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list 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 by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, 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. For any person, including children, with no income, you must check the “No Income” box.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number.

Part 6: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List the names of all children in school and the school name for each child. Check the line if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call or email [Dan Smith](#) at 882-4531.

Part 4: Follow these instructions to report total household income from this month or last month.

Box 1—Name: List all household members.

Box 2—Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list 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 by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, 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. For any person, including children, with no income, you must check the “No Income” box.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number.

Part 6: Answer this question, if you choose.

FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION 2012-13

Part 1. Children in School

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed are foster children, skip to Part 5 to sign this form.

Part 2. Benefits

If any member of your household receives SNAP, TANF or FDPIR, 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

Homeless Migrant Runaway

Part 4. Total Household Gross Income – You must tell us how much and how often

1. Names of every person in the household	2. Gross income for every person in the household and how often it was received: monthly, twice a month, every two weeks, or weekly.				3. Check if No Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/every two weeks	\$100/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 must also list the last four digits of his or her Social Security Number. (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.

Printed Name of Adult _____ Telephone _____

Address _____ City/ZIP _____

Signature _____ Date _____

Social Security Number: * * * - * * - _____

Part 6. Children's Ethnic and Racial Identities (Optional)

Choose one Ethnicity	Choose one or more (regardless of ethnicity)
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White

Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Do not write below this line. This is for school use only.

Annual Income Conversion: Monthly X 12, Twice a Month X 24, Every 2 Weeks X 26, Weekly X 52
Determination based on (check one): Income Household: Total Income _____ per _____ Household Size _____

SNAP/TANF/FDPIR Household Migrant, Homeless, or Runaway Child Foster Child (Categorically Eligible)

Check the box that applies: Approved for: Free Reduced-Price

Denied for: Income Over Incomplete/Missing Information

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Confirmation Review clarification: Prior to verification activity, an LEA official, other than the official who made the initial eligibility determination, must review each approved application selected for verification to ensure that the initial determination was accurate.

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

FEDERAL INCOME CHART

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 social security number of the adult household member who signs the application. 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Free or low-cost health insurance for children and teenagers.

Your children may qualify for health coverage under the Healthy Montana Kids (HMK) Program. Children and teenagers who get regular checkups (and treatment for health problems) do better in school and are more likely to become healthy adults. For more information, call 1-877-KidsNow (1-877-543-7669) or visit us on-line at www.hmk.mt.gov.

