

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete **one application for ALL children in the household who are in school** using the following instructions. Sign the application and return the application to any school in the school division or to the school nutrition office. Call the school nutrition office 757-727-2357 if you need help. *A new application must be filled out each new school year.*

How to fill out this application - please print neatly with black ink. Please use capital letters. Complete one application per household and one for each foster child.

PART 1 – Foster Child Households With A Foster Child Complete Parts 1, 3, 6, 7, 9. *Use a separate application for each foster child.* A foster child is the legal responsibility of a welfare agency or court.

I. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. Skip Part 4. Do not list any other children, household members, or income.

II. A foster parent or other official representing the child must sign the application in Part 7. No social security number is required.

PART 2 – Place an **X** in the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator, Ivy Lee, 757-727-2440. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS. Complete parts 3, 4, 5, 6, 7, 8, 9.

PART 3 - Student Information: All Households Complete Part 3.

I. Print the names of all children in the household who are in school.

II. List the date of birth, school and grade for each child.

III. List a current Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF case number for each child. This number is in your approval letter. **If you list a SNAP or TANF number you do not need to list names of household members or income. No social security number is needed if a SNAP/TANF case number is provided. These households should SKIP Part 4. Do not list any other children, household members or income. COMPLETE Parts 2, 6, 7 & 9.**

IV. All households must sign the application in Part 7. Income households must provide the social security # of the adult signing or check the box if they do not have one.

PART 4 – ALL OTHER HOUSEHOLDS WITHOUT A SNAP OR TANF NUMBER LISTED IN PART 3, including WIC households, MUST COMPLETE PARTS 4, 5, 6, 7, 8 & 9.

I. Print the names of ALL OTHER people living in your household who are not listed above, whether they get income or not. Include yourself, your spouse, all children not listed above, all other children

who earn income, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.

II. Print the amount of gross income each household member received last month, before taxes or anything else is taken out, and how often it was received. For example, list the gross income each person earned from work. The amount should be listed on your pay stub. This is not the same as take-home pay it is the amount before taxes and other deductions. Next to the amount print how often the person received it. If any amount last month was more or less than usual, write that person's usual income.

III. *Military families: If you get a Basic Allowance for Housing (BAH) to live offbase this MUST be included as income. If your housing is part of the "Military Housing Privatization Initiative," do not include this housing allowance as income.*

IV. *If combat pay is received in addition to basic pay because of deployment and it was not received before deployment, do not count as income.*

V. An adult household member must sign the application in Part 7 and give his/her social security number or check the box if they don't have one.

PART 5 – Enter the total number of people living in your household from parts 3 and 4. If a student has been listed in both Part 3 and Part 4, count him/her only once.

PART 6 – Enter your mailing address and telephone number.

PART 7 – SIGNATURE AND DATE: ALL HOUSEHOLDS COMPLETE PART 7. SIGN and PRINT. The application must have the signature of an adult household member. Enter the date signed.

PART 8 – SOCIAL SECURITY NUMBER: The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, place an X in the box provided. If you listed a SNAP or TANF number for each child, or if you are applying for a foster child, a social security number is not needed.

PART 9 – Ethnic/Racial Identity - Complete the ethnic/racial identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

Incomplete, illegible, or incorrect applications will delay meal benefits

Privacy Act Statement: *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: 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SUBMIT: Please return completed meal applications to any school office in the district. We will let you know when your application is approved or denied. Your benefits will be good for the entire school year. Call 757-727-2357 if you need help completing this form.

– Until your application is processed, you will need to provide your child(ren) with money to purchase school meals at the regular price. Please allow 10 working days for eligibility determination.

Julia Bryant, PhD, RD, SNS, Director of Food & Nutrition Services, Hampton City Schools

			List total Gross Income (before taxes and deductions). In "Freq" box, How Often Income Is Received. Use the following: (W)=Weekly, (E)=Every 2 Weeks, (T)=Twice a Month, (M)=Monthly, (Y)=Yearly. Check "No Income" box or enter income amount where applicable. Do not use "NONE" or "N/A".			
EXAMPLE	Age	Check if no income	Earnings from Work Gross earnings before deductions; include all jobs. Wages/salaries/tips before taxes, income from self-owned business, day care business or farm	Welfare, Child Support, Alimony Public assistance payments, welfare payments, alimony/child support payments, adoption assistance	Pensions, Retirement, Social Security Permanent disability, other income Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income, any other income	All Other Income Temporary assistance, temporary disability, strike benefits, unemployment compensation, workers compensation
(Example) <i>Jane Smith</i>	42		200.00 / W	150.00 / M	100.00 / M	50.00 / T