

ST. JOHNS COUNTY FOOD AND NUTRITION SERVICES

FREE AND REDUCED PRICE FAMILY MEAL APPLICATION 2013-2014

Part 1. Children in School					
Names of all children in school (First, Middle Initial, Last)	Foster Child	School Name	Grade	List State SNAP, FDPIR or State TANF Cash Assistance ten digit case number.	

Foster child is a child who is the legal responsibility of the welfare agency or court.
If you listed a SNAP/TANF case number, FDPIR, skip to Part 4.

Part 2. If the 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: 904-547-7589. ☐ Homeless ☐ Migrant ☐ Runaway

Part 3. Total Household Income from Last Month-You must report your gross income and indicate how often it is received

1. Name (List everyone in household)	2. Last month's gross income and how often it was received. Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly. If you do not receive weekly, bi-weekly or monthly income, list an annual income noting it with an asterisk*. (Only seasonal, migrant, or self-employed families are permitted to report annual income)				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Social Security, SSI, Pensions, Retirement, VA Benefits	All Other Income	
(EXAMPLE) JANE SMITH	\$ 200 per Week	\$ 150 per Week	\$ 100 per Month	\$ _____ per _____	X
①	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
②	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
③	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
④	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
⑤	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
⑥	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	

TOTAL NUMBER OF HOUSEHOLD MEMBERS _____ You must list all family members. Please attach a separate sheet of paper if more than 6 persons live in your household.

IMPORTANT – Student eligibility is based on size of household. Please make sure you list all household members above.

PART 4 - SIGNATURE: An adult household member must sign the application before it can be approved.
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also 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. Any student debt incurred prior to the approval of the free and reduced meal application is the responsibility of the parent or guardian.

SIGNATURE OF ADULT HOUSEHOLD MEMBER _____ **Social Security Number** *** **

☐ I don't have a Social Security Number.

Printed Name _____ **Home Phone No.** _____ **Work Phone No.** _____

Mailing Address _____ **Zip Code** _____ **Date Signed** _____

Application #

FOR SCHOOL USE ONLY • DO NOT WRITE BELOW THIS LINE

Application Approved:

- ☐ Free Meals ☐ Income ☐ FS
☐ Reduced ☐ DCRT ☐ Foster
☐ Denied
☐ Temporary Free Until _____
☐ Temporary Reduced Until _____

Reason for Denial:

- ☐ Income Too High
☐ Incomplete Application **Date Withdrawn:** _____
☐ Other **Date Approval Notice Sent:** _____

Signature of Determining Official _____

Date _____

Signature of Verifying Official _____

Date _____

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

Mark one ethnic identity:

- ☐ 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 2013-2014

HOUSEHOLD SIZE		REDUCED PRICE MEALS - 185%				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES						
1.....		\$21,257	\$1,772	\$886	\$818	\$409
2.....		28,694	2,392	1,196	1,104	552
3.....		36,131	3,011	1,506	1,390	695
4.....		43,568	3,631	1,816	1,676	838
5.....		51,005	4,251	2,126	1,962	981
6.....		58,442	4,871	2,436	2,248	1,124
7.....		65,879	5,490	2,745	2,534	1,267
8.....		73,316	6,110	3,055	2,820	1,410
For each add'l family member, add		+\$7,437	+\$620	+\$310	+\$287	+\$144

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 DC 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."