

**INSTRUCTIONS FOR COMPLETING AN APPLICATION
 FOR FREE AND REDUCED PRICE STUDENT MEALS**

2011-2012

To apply for free or reduced price meals, complete **one application** that contains information that will apply for each school child. A new application must be filled out each school year. **Only one application per household is required.** Sign the application and return to any school or mail to the Food & Nutrition Service Office. Call the Food & Nutrition Service office if you need help completing the application. Food & Nutrition Office, 1210 North Liberty Street, Harrisonburg VA 22802. (540)434-7783

PART A – LIST ALL HOUSEHOLD MEMBERS

- Write the names of everyone in your household, whether they get income or not. Include yourself, all children who are in school, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- Please indicate the race and ethnicity of each student. However, you are not required to answer this question.
- For each Rockingham County student in the household, indicate the grade (pre-k =00, Kindergarten =0, and other grades 1-12).
- Indicate the school code in accordance with acronyms provided. Note: a complete listing of these are on the cover of the application form.
- If a student in your household receives SNAP or TANF benefits and you have already received an approval letter, stop and Do Not complete this application form – NONE IS REQUIRED. If you have not received an approval letter, list the seven digit current, SNAP or TANF case number for each child. You do not need to list income information, please complete Part B, C, E, & F. An adult household member must sign in Part F.**
- Military families: If you get a Basic Allowance for Housing (BAH) to live off-base this MUST be included as income. If your housing is part of the "Military Housing Privatization Initiative.", do not include this housing allowance income.
- 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.
- To provide income information, write the amount of income each household member got 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 gross amount should be listed on the pay stub. This is not the same as take-home pay; it is the amount before taxes and other deductions. Next to the amount write how often the person received it. If any amount last month was more or less than usual, write that person's usual monthly income.

INCOME TO REPORT

List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example:

(W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly

Names of all Household Members	F O S T E R	A G E	E T H N I C R A C E	S C H O O L	G R A D E	SNAP or TANF number DO NOT list Medicaid Number	Gross Earnings Before Deductions, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income from Self-Owned Business or Farm		Welfare/Child Support/Alimony Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions/ Retirement/ Social Security Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	Other Income Disability Benefits, Cash Withdrawn from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income
							Job 1	Job 2			
(Example) <i>Smith, Jane A</i>		15	NHW	IA	9	XXXXXX	\$200/weekly	\$100/weekly	\$150/monthly	\$100/M	\$50/2X M

PART B – 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.

PART C – FOSTER CHILD – HOUSEHOLDS WITH FOSTER CHILD(REN) INCLUDE STUDENT NAME IN PART A

A foster child is the legal responsibility of a welfare agency or court. Place check mark in column beside foster child's name.

- If all school children in the household are foster, Complete Part A (No SNAP or income required), B, C, E, F. Last 4 digits of social security not required. Adult must sign.
- If one or more school children in household are foster and other school children are not foster: Complete Part A, B, C, E, and F. Income or SNAP information is applied to non-foster children, while foster children automatically are approved as free eligible. Last 4 digits of social security number is required and adult signature.

PART E- OTHER BENEFITS

- You may be eligible for other benefits. Look at Part E on the application. To obtain meal benefits, you are not required to complete this section.

PART F – SIGNATURE & SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART F

- The application must have the signature of an adult household member.
- The application must have the last 4 digits of social security number of the adult who signs. If the adult who signs does not have a social security number, you must check the box I Do Not Have a Social Security Number. If you listed a SNAP or TANF number for each child or if you are applying for a foster child, the last 4 digits of the social security number is not needed.

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 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 social security number are 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.

2011-2012 USDA 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (866)632-9992 (Voice). Individuals who are hearing impaired or have a 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."