



Office use only

ROCKINGHAM COUNTY PUBLIC SCHOOLS
2011-2012 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

RETURN TO:
Gerald Lehman, Director
Food & Nutrition Services
1210 N. Liberty Street
Harrisonburg, VA 22802

INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF THIS APPLICATION
ONE NEW APPLICATION PER HOUSEHOLD MUST BE FILLED OUT EACH YEAR

INSTRUCTIONS: To apply for free and reduced price meals for your child, you must carefully complete ONE application per household. SIGN and return this application to one of the schools where your child(ren) attends or mail to the above address. If you need help with this form, please call Gerald Lehman, Director, Food & Nutrition Services, (540)434-7783.

PLEASE PRINT CLEARLY School Codes BHS, CRE, EES, EMS, ERH, FRE, JFH, JCM, JWE, LSE, LEE, McG, MMS, MVE, OES, PKE, PES, PVE, RBE, SRE, SHS, TA, PMS

A. List Gross Income (before any deduction) in whole dollars. Write how often received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly

Table with columns: LIST ALL HOUSEHOLD MEMBERS, Foster C, Age, Ethnic RACE* B, SCHOOL, GRADE, SNAP or TANF, GROSS EARNINGS, INCOME, INCOME, INCOME, Check if No Income. Includes rows 1-8 for household members.

B. * RACE: Use the following codes for ethnic and racial identity of your child. You are not required to answer this question. We need this information to be sure that everyone receives benefits on a fair basis. ETHNIC IDENTITIES: H--Hispanic or Latino NH--Not Hispanic or Latino RACIAL IDENTITIES: W--White AA--Black or African American API--Asian I--American Indian/Alaska Native O --Native Hawaiian or Other Pacific Islander OTH -- Other

C. FOSTER CHILD: If this is a foster child who is the legal responsibility of the courts, check the column beside the name. If foster children are the only school children in the household, Complete Part A (without income) B, E, and F. Social Security # not required. If one or more school children are foster and other school children are not foster, Complete Part A (include income or SNAP) B, E, F and last 4 digits of Social Security #.

D. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school to talk with the homeless liaison or migrant coordinator. Homeless Migrant Runaway

E. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school system is allowed to share the information on this application with Medicaid and FAMIS, Virginia children's health insurance program. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or the Virginia children's health insurance program.

F. SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application and provide the last 4 digits of the signers social security # before it can be approved. PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that the school will get Federal funds; based on the information given. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

SIGNATURE OF ADULT HOUSEHOLD MEMBER DATE SIGNATURE OF ADULT HOUSEHOLD MEMBER LAST 4 DIGITS OF SOCIAL SECURITY NUMBER OF ADULT SIGNING ADDRESS - STREET/ROUTE/APT. HOME PHONE WORK PHONE PRINT NAME I Do Not Have A Social Security Number CITY STATE ZIP