2017-2018 Application for Free and Reduced Price School Meals

Barrow County School System

USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: " Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information

Legal First Name	MI	Legal Last Name	Birthdate (M M / D D / Y Y)	Student ID #	Is Student? Yes	Is Student? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway

2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR? Check the appropriate box below.

SNAP ☐ TANF ☐ FDPIR ☐

If you DID NOT check one of the boxes to the left, complete SECTION 3.

If you checked one of the boxes to the left, write a case number here then go to section 4. (DO NOT complete SECTION 3)

Case Number:

3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to SECTION 2)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members in **Section 1** here.

Child Income $

Fill in Circle — How Often ? — ○ Monthly | Every Other Wk ○ Weekly | Twice A Month

B. All Adult Household Members (including yourself)

List all Household Members not listed in **Section 1** (including yourself) **even if they did not receive income.** For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars **ONLY.** If they **do not** receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

Name of Adult Household Members (First and Last)	Earnings from Work $	Fill in Circle — How Often ?	Public Assistance /Child Support/Alimony $	Fill in Circle — How Often ?	Pay from Pensions/ Retirement/All Other Income $	Fill in Circle — How Often ?
		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month
		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month
		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month
		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month
		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month		○ Monthly | Every Other Wk ○ Weekly | Twice A Month

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * – * * –

Check if no SSN ☐

4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Address City Zip Daytime Phone

PRINT HERE — Printed Name of adult completing the form

SIGN HERE — Signature of adult completing the form

Today's Date

Email Address

Children's ethnic/race identities (optional): Choose one Ethnicity: ☐ HISPANIC/ LATINO ☐ NOT HISPANIC/ LATINO

Choose one or more (regardless of Ethnicity): ☐ WHITE ☐ ASIAN ☐ BLACK or AFRICAN AMERICAN ☐ AMERICAN INDIAN or ALASKAN NATIVE ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

Return to the School Cafeteria or mail to the Child Nutrition Program; 179 W. Athens St., Winder, GA 30680