

# School Year 2007-2008 Application for Child Nutrition Program Benefits

Carefully follow instructions on page 2 of application. An incomplete application cannot be approved. Return completed application to school.

**Part 1. Children in School** - Use a separate application for each foster child. If you enter a case number for EACH child in Part 1, go to Part 4.

Last Name	First Name	School Name	Grade	Case Number for Food Stamps, TAF or FDPIR
1.				
2.				
3.				
4.				
5.				

**Part 2. Foster Child**  Check the box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income in **Part 3**. If the foster child has no personal use income, check the "Check if NO Income" box.

**Part 3. Gross Income for ALL Household Members** – Write the amount of gross income received and how often it is received: Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly. See instructions on page 2 of application for income to report.

List Names of ALL Household Members	Earnings Before Deductions from Last Pay Period (including Overtime)		Other Regular Income: SRS Cash Assistance, Child Support, Alimony, Pension, Social Security Income, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp.		Check if NO Income
	Amount	How Often	Amount	How Often	Amount	How Often	
1.	\$		\$		\$		<input type="checkbox"/>
2.	\$		\$		\$		<input type="checkbox"/>
3.	\$		\$		\$		<input type="checkbox"/>
4.	\$		\$		\$		<input type="checkbox"/>
5.	\$		\$		\$		<input type="checkbox"/>
6.	\$		\$		\$		<input type="checkbox"/>
7.	\$		\$		\$		<input type="checkbox"/>
8.	\$		\$		\$		<input type="checkbox"/>
9.	\$		\$		\$		<input type="checkbox"/>
10.	\$		\$		\$		<input type="checkbox"/>

**Part 4. Children's Ethnic Identity** (optional) – Check one.  Hispanic or Latino  Not Hispanic or Latino

**Children's Racial Identity** (optional) – Check one or more.  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other

**Part 5. Adult Household Member Information**

Print Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also provide his/her Social Security number OR if the adult does not have a Social Security number, write "none". See the Privacy Act Statement on page 2 of this application.

*I certify that all information on this application is true and that all income is reported. I understand that (1) the school will receive Federal and State funds based on the information I give; (2) school officials may verify the information; and (3) if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted.*

Sign Here X \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<p><b>Application Type</b> (check one)</p> <p><input type="checkbox"/> Food Stamps/TAF/FDPIR</p> <p><input type="checkbox"/> Income Household – Total income: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Monthly Income OR <input type="checkbox"/> Annual Income</p> <p style="padding-left: 40px;">Household size: _____</p> <p><input type="checkbox"/> Foster Child – Annual personal use income: \$ _____</p>	<p><b>Application Status</b></p> <p>Approved.....<input type="checkbox"/>Free OR <input type="checkbox"/>Reduced Price</p> <p>Temporarily Approved...<input type="checkbox"/>Free OR <input type="checkbox"/>Reduced Price</p> <p style="text-align: center;">Update required by _____</p> <p>Denied...<input type="checkbox"/>Income over allowed amount <input type="checkbox"/>Incomplete/missing:</p> <p>_____</p>
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Determining Official's Signature \_\_\_\_\_ Approval/Denial Date \_\_\_\_\_ Notification Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_