

HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call _____

Part 1 – Student Information					FOSTER CHILD INFO. ONLY	
NAME OF CHILDREN ENROLLED (First Name, Last Name)	Social Security Number	GRADE	SCHOOL ATTENDING	K-TAP or Food Stamp Case Number (If you receive both, list K-TAP Case Number)	Foster Child (X)	Child's Personal use Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

ALL OTHER HOUSEHOLDS

PART 2 – LIST ALL HOUSEHOLD MEMBERS	GROSS MONTHLY INCOME BEFORE DEDUCTIONS If you did not write a Food Stamp or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application			
NAME	Earnings from work (before deductions)	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or K-TAP case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

! X _____ ! X _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER Social Security Number
 _____ ! X _____
 Printed Name of Adult Household Member Date Signed Home Telephone # / Work Telephone #
 ! X _____ ! X _____
 Mailing Address/Apt. Number City/State/Zip Code

PART 4 - OTHER BENEFITS – This section does not need to be completed to receive free or reduced price meal benefits

Health Insurance **Yes.** School officials may give information from this form to Medicaid or Kentucky Children's Health Insurance Program (K-CHIP) officials who may use the information to determine my children's eligibility for **Health Insurance** under Medicaid or K-CHIP and may contact me for more information. This information may be shared with administrators of other programs for which my children may qualify. I understand that I will be releasing information showing that I applied for free or reduced price meals for my children and give up my right of confidentiality for this purpose only. I certify that I am the parent/guardian of the children for whom application is being made.

! X _____ ! X _____
 SIGNATURE OF PARENT/GUARDIAN DATE

PART 5 - RACE AND ETHNICITY: You are not required to answer this question. Please check all categories that apply to the racial identity of your children. No child will be discriminated against because of race, color, sex, national origin, age or disability.

- American Indian or Alaskan Native
- Asian and/or Pacific Islander
- Hispanic
- Black, not Hispanic
- White, not Hispanic

INFORMATION ON DISCLOSURE OF SOCIAL SECURITY NUMBERS: Section 9 of the National School Lunch Act requires that, unless your child's food stamp or K-TAP number is provided, you must include the social security number of the adult household member signing the application, or indicate that household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or K-TAP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

MONTHLY INCOME : To determine monthly income:	
WEEKLY INCOME X 4.33	TWICE A MONTH X 2
EVERY 2 WEEKS X 2.15	ANNUAL INCOME ÷ 12

FOR SCHOOL USE ONLY—DO NOT WRITE BELOW THIS LINE

ELIGIBILITY DETERMINATION

Total Household Size: _____ Total Income: \$_____ Monthly Annual or Food Stamp/K-TAP

Eligibility Determination: Approved Free Approved Reduced Price Denied Temporary Approval

Reason for Denial: Income Too High Incomplete Application Other (Reason) _____

Date Notice Sent: _____ Signature of Determining Official _____ Date: _____

Withdrawal Date: _____ Re-entry Date: _____ 2nd Withdrawal Date: _____ Re-entry Date: _____

VERIFICATION

Selection Method: <input type="checkbox"/> Random <input type="checkbox"/> Focused <input type="checkbox"/> 100% <input type="checkbox"/> Other	Date Selected for Verification: _____ Response Due from Households: _____ Second Response Sent: _____	<input type="checkbox"/> Food Stamp/K-TAP Eligibility <input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Income \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		Confirmed: <input type="checkbox"/> Food Stamp/K-TAP Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> Notification Card, Issued	<input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other

Verification Results: No Change Ineligible Free to Reduced Price Reduced Price to Free

Reason for Eligibility Change: Income Household Size Refused to Cooperate Other _____

Date Adverse Notice Sent: _____ Date Change: _____ Signature of Verifying Official: _____ Date: _____