## PINECREST ACADEMY SOUTH CHARTER SCHOOL

One Application per Household Effective July 1, 2005
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)								
Names of all children in school				Food Stamp or TANF case # (if any). Skip to				
(First, Middle Initial, Last)	School Name		Grade	Part 5 if you list a Food Stamp or TANF case #		case #		
Part 2. If the child you are applyi	_		r a runav	•	-			
school, homeless liaison, migrant coordinator at phone #] Homeless   Migrant   Runaway								
Part 3. Foster Child								
If this application is for a child who					his box 🖵 and then	list the		
amount of the child's personal use monthly income: \$ Skip to Part 5.  Part 4. Total Household Gross Income—You must tell us how much and how often								
	2. Gross income and					3.		
1. Name						Check		
	Earnings from work before deductions	Welfare, chi support, alin		Pensions, retirement, Social Security	All Other Income	if NO income		
,	\$200/weekly	\$150/weekl		\$100/monthly	7 til Other meeme			
(Example)	(Example)	(Example)	<del>-</del>	(Example)	\$/	-		
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Part 5. Signature and Social Sec	urity Number (Adu	lt must siar	1)					
An adult household member must her Social Security Number or mar back of this page.) I certify (promise) that all information will get Federal funds based on the understand that if I purposely give	sign the application. It the "I do not have on on this application in information I give. If false information, might be a second or the second of the secon	If Part 4 is of a Social Second I strue and I understand y children m	completed curity Nun I that all in I that scho ay lose m	nber" box. (See Priva acome is reported. I u pol officials may verif aeal benefits, and I m	acy Act Statement of understand that the sty (check) the informinal be prosecuted.	n the school ation. I		
Sign here: XPrint name:Date: Address:Phone Number:								
Social Security Number:			I do not	have a Social Secur	rity Number			
Part 6. Children's racial and ethr					•			
Mark one or more racial identities:  Mark one or more racial identities:  Mark one ethnic identity:								
☐ Asian ☐ American Indian or Alaska Native ☐ Hispanic or Latino								
☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Not Hispanic or Latino								
☐ Black or African American ☐ C	Other				·			
Don't fill out this part. This is for								
		-		Twice A Month x 24 Mo				
Total Income: Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size:								
Categorical Eligibility: Date Withdrawn:Eligibility: Free Reduced Denied Reason: Temporary: Free Reduced Time Period: (expires after days)								
Determining Official's Signature: Date:								
Comming Official's Signature.	Date:	FOII	ow-up Om	ciai s Signature	Date	•		

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2008-2009					
Household size	Yearly	Monthly	Weekly		
1	19,240	1,604	370		
2	25,900	2,159	499		
3	32,560	2,714	627		
4	39,220	3,269	755		
5	45,880	3,824	883		
6	52,540	4,379	1,011		
7	59,200	4,934	1,139		
8	65,860	5,489	1,267		
Each additional person:	6,6660	555	129		

## Privacy Act Statement: This explains how we will use the information you give us.

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 price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

# Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law, and US 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 Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."

**Documentation of Household Contact for Clarification of information MUST be listed:** 

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Staff	Date of	Name of Household	Detail of Information			
initials	Contact	Member Contacted	Received (attach extra pages as needed)			

#### PINECREST ACADEMY SOUTH CHARTER SCHOOL

#### **INSTRUCTIONS FOR APPLYING**

## If your household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator]. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

### If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

### ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each child's name, school, and grade.
- **Part 2:** Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

- **Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.