SINGLE/MULTI-CHILD MEAL BENEFIT APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete one Meal Benefit Application for the child(ren) in your household that attend school, sign your name and return the Meal Benefit Application to the school. If you have any questions, please contact the school at 734-4112 (Mr. Henning).

1. Print Each Child's Name and School Information:

Full Name	Grade	Name of School

2. Food Stamp or TANF Cash Assistance Number:

☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ ☐

Enter the nine (9) Digit Case Number assigned by the County Assistance Office. If you entered a nine digit Case Number, **SKIP TO PART 5.**

3. Foster Child: Yes☐ No☐ List the child's monthly personal use income. Write "0" if the child has no personal use income. $_____**SKIP TO PART 5**

4. Household Members and Income: List all adults and children in household. Provide source, amount and how often you receive income or indicate no income. Income to report includes earnings from work, pensions, retirement, social security, welfare, child support, savings, alimony and other income. See Instructions for examples of other income.

NAMES OF ALL HOUSEHOLD MEMBERS:	√ if No Income	SOURCE OF INCOME (Earnings, Pensions, Welfare, Retirement, Child Support) EMPLOYER(S) Source 1	Source2	GROSS AMOUNT RECEIVED BEFORE ANY DEDUCTIONS WEEKLY	EVERY 2 WEEKS	TWICE MONTHLY	MONTHLY	YEARLY
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$

Total Number of Household Members: _____

5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify the information listed above is current and correct and all income was reported. I understand this information is being given for the receipt of Federal funds; school officials may verify the information on this Meal Benefit Application; and deliberate misrepresentation of the information may subject me to prosecution under applicable Stat e and Federal laws.

X _____ **X**_____

Signature of Adult Household Member **Social Security Number ***

Home Telephone No._____ Work Telephone No. _____ Print Name_____

Street/Apt. No. _____ City/State/Zip _____ Date _____

*Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child(ren)'s food stamp or TANF Case Number is provided, you must include the Social Security Number of the Adult Household Member signing the Meal Benefit Application or indicate that the 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 given or an indication is not made that the signer does not have such a number, the Meal Benefit 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 Meal Benefit Application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamp or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL/ETHNIC IDENTITY: Please mark one or more racial identities. You are not required to complete this information.

_____American Indian/Alaskan Native _____Asian _____Black/African American _____Native Hawaiian/Pacific Islander _____White

Please check one of the following ethnic identities: _____Hispanic or Latino _____Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, disability or age. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.