

FAMILY APPLICATION (MULTI-CHILD MEALS) FOR FREE AND REDUCED PRICE MEALS

Skiatook Public Schools
2010 - 2011

PART 1 STUDENT INFORMATION

IMPORTANT: PRINT THE NAMES, SCHOOLS, AND GRADES OF ALL CHILDREN ATTENDING ANY SKIATOOK PUBLIC SCHOOL.

*****(Note: COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)*****

(Office Use) STUDENT I.D.	CHILD'S NAME (Last name first)	BIRTHDAY	GRADE	NAME OF SCHOOL	FOOD STAMP TANF. OR FDIPIR CASE NO

FOSTER CHILD: List the child's monthly personal use income. Write 0 if the foster child has no personal use income \$ _____

PART 2 HOUSEHOLD INFORMATION

LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN ABOVE

LAST	FIRST	MONTHLY Gross Total Work earnings (before deductions) include ALL jobs	MONTHLY Retirement (Green-Gold Card) Social Security Pensions	MONTHLY Unemployment Workers Compensation Strike Benefits	MONTHLY Welfare Child Support Alimony	Any other income received last month
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$
6		\$	\$	\$	\$	\$
7		\$	\$	\$	\$	\$
8		\$	\$	\$	\$	\$
9		\$	\$	\$	\$	\$

RACE: Please check the racial or ethnic identity of your child(ren). You are not required to answer this question.

___ Asian ___ American Indian/Alaskan Native ___ Black/African American ___ Hispanic/Latino Native ___ Hawaiian/Pacific Islander ___ White
We need this information to make sure that everyone is treated fairly.

PART NO. 3 SIGNATURE:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that the 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.

↘ AN ADULT HOUSEHOLD MEMBER MUST SIGN HERE: ↙

SIGNATURE OF ADULT HOUSEHOLD MEMBER

SOCIAL SECURITY NUMBER

DATE

(see reverse side of Privacy Act & Social Security Information)

FULL ADDRESS

ZIP CODE

COUNTY

HOME PHONE:

WORK PHONE:

PART NO. 4 OTHER BENEFITS:

You do not have to complete this part to get free or reduced-price school meals.

Health Insurance Yes, I want health insurance for my child. School officials may give information from my Free and Reduced-Price Meal Application to Medicaid or the Free Sooner Care Health Benefits officials so that they can send me information about free or low-cost insurance for my child. I understand that I will be releasing information that will show that I applied for free and reduced-price school meals for my child. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/guardian for the child for whom application is being made.

No, I am not interested in health insurance for my child.

Signature of Parent/Guardian: _____ Date: _____

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

ELIGIBILITY DETERMINATION:

F

R

D

Temporary Until _____

PRIVACY ACT INFORMATION - SOCIAL SECURITY NUMBERS: Unless you list the children’s food stamp, TANF, or FDPIR case numbers or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or that you indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information listed on the form. This may include program reviews, audits, and investigations and may include contact employers to determine income; contacting a food stamp, TANF, or FDPIR office to determine current certification for food stamps, TANF, or FDPIR benefits; contacting the state employment security office to determine the amount of benefits received; and checking the documentation produced by the household member 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 investigation violations of certain federal, state, and local education, health, and nutrition programs. **Your social security number may be released for children’s health benefits if the box in Part 4 is checked Yes.**

REPORTING CHANGES: If your child is approved for meal benefits, you must inform Child Nutrition Services when your household income increases by more than \$50 per month (\$600 per year) or when your household size increases. If you list a Food Stamp case number, TANF number, or FDPIR benefits you must notify Child Nutrition Services when you no longer receive these benefits for your child. You may fill out another application giving income information.

REAPPLICATION: You may apply for benefits at any time during the school year. If you are not eligible now; but during the school year, you have a decrease in household income, an increase in household size, become unemployed, get food stamps or TANF or FDPIR benefits for your children, an application can be filled out at that time.

NONDISCRIMINATION: In accordance with federal law and United States Department of Agriculture (USDA) 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, Room 326-W, Whiten Building, 1400 Independence Ave., SW, Washington, D.C. 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the school’s decision on your application or the result of the verification process, you may wish to discuss it with school officials. You also have a right to a fair hearing. This can be done by contacting the following official: Kevin Cooper, Education Service Center, 355 South Osage, Phone: 396-1792. Mailing address: 355 South Osage, Skiatook, OK 74069-0217.

CONFIDENTIALITY: School officials use the information on the application only to decide if your children should receive free or reduced-price meals. (Officials connected with Title I, the National Assessment of Educations Progress, the Magnet School Assistance Program, and Student Assessment may be informed whether your child is eligible for free or reduced-price school meals. They will use this information for funding and/or evaluation purposes.) Information may also be disclosed if you want the state, and local education, health, or other means tested programs.

If you have any questions or need help in completing the application form, please contact us. You will be notified of the approval or denial of this application. **Please answer all questions on the application. Incomplete applications cannot be approved.**

INCOME TO REPORT

<u>Earnings From Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Welfare/Child Support/Alimony</u>	<u>Other Income</u>
Wages/salaries/tips	Pensions	Public assistance payments	Disability benefits
Strike Benefits	Supplemental Security Income	Welfare payments	Cash withdrawn from savings
Unemployment compensation	Retirement Income	Alimony/child support payments	Interest/dividends
Worker’s compensation	Veteran’s payments		Income from estates/trusts/investments
Net income from self-owned business or farm	Social Security		Regular contributions from persons not living in the household
			Net royalties/annuities/net rental income
			Military/military housing
			Any other income

<u>Do not fill out this part. This is for school use only.</u>	
Confirmation Review: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Verification Notice Sent: _____	Response Due From Household: _____
Second Notice Sent: _____	
Verification Result: No Change <input type="checkbox"/> Free to Reduced-Price <input type="checkbox"/> Free to Full Price <input type="checkbox"/> Reduced Price to Free <input type="checkbox"/> Reduced Price to Full-Price <input type="checkbox"/>	
Reason for Eligibility Change: Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Change in Food Stamp/TANF/FDPIR <input type="checkbox"/>	
Other: _____	
Date Notice of Change Sent to Parent/Guardian: _____	
Signature of Verifying Official: _____	Date: _____
<small>(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)</small>	