

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2008**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$13,520	\$1,127	\$260	\$19,240	\$1,604	\$370
2	18,200	1,517	350	25,900	2,159	499
3	22,880	1,907	440	32,560	2,714	627
4	27,560	2,297	530	39,220	3,269	755
5	32,240	2,687	620	45,880	3,824	883
6	36,920	3,077	710	52,540	4,379	1,011
7	41,600	3,467	800	59,200	4,934	1,139
8	46,280	3,857	890	65,860	5,489	1,267
Each add'l member	+4,680	+390	+90	+6,660	+555	+129

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from last month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children are considered a one-member family when the welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency. Welfare agency payments, specifically identified by category for the personal use of that foster child and funds personally received by the child, are considered the income of that one-member family. Welfare funds identified for shelter and care, medical and therapeutic needs, and special needs funds should not be considered as income.

In cases where the welfare agency has placed a child in a permanent home and/or subsidizes the child's adoption, the child is considered a member of the household. The family size and total income of the family determine the child's eligibility for free and reduced price meals.

Institutionalized Children are considered as a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or a TA case #.
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0 0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$ _____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) <small>Please attach an additional page if needed.</small>	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: _____ Social Security #: _____ I do not have a Social Security #

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 Program case number 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.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities: Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native Other

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. 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, S.W., Washington D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____

Food Stamps/Temporary Assistance: Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Temporarily Approved Free Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. Check the box next to the Food Stamp or Temporary Assistance case number indicating which type of assistance is received. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

Part 1: List the child's name, school, and grade.

Part 2: Check the box and list the child's personal use monthly income. Write "0" if no personal use income.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: 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: Skip this part.

Part 3: 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). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income 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 received 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 4: 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 5: Answer this question if you choose to.

