

Check this box if you received free or reduced meals last year.

Blaine School District, #503 765 H street, Blaine, WA 98230 (360) 332-0348 or (360) 332.0469

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 SCHOOL YEAR 2009-10**

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Case # of Basic Food or TANF. Per child Skip to Part 5 if you list Basic Food or TANF

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #332-0740 Homeless Migrant Runaway

Part 3. 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: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (everyone in household)	2. Gross income ---before deductions. Please list whether income is received monthly, twice a month, every two weeks, or weekly.				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 _____ Signature of Adult Household Member		Date _____	
Printed Name of Adult Household Member	Mailing Address	City	State Postal Code
Social Security Number ____ - ____ - _____		<input type="checkbox"/> I do not have a Social Security Number	Phone Number

Part 6. Children's racial and ethnic identities (optional)

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

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

DO NOT FILL OUT THIS PART. 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 _____ Household Size: _____ Categorical Eligibility: ____ Date Withdrawn: _____

Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____ Temporary: _____ Expires: _____

Determining Official's Signature: _____ Date: _____

NEW THIS YEAR: FREE OR LOW-COST HEALTH INSURANCE

If you would like Free or Low-Cost Health Insurance for your children, call today to request an application: toll free 1-877-1669. The health coverage includes doctor visits, prescriptions, hospital, dental car, eyeglasses and more. You can also fill out and print an application online at www.ParentHelp123.org. Even if your children have private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles. Call or long-on today to receive more information.

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

Household Size	REDUCED GUIDELINES		
	Yearly	Monthly	Weekly
1	\$20,036	\$1670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional household member add	+6,919	+ 577	+ 134

Privacy Act Statement: This explains how we may 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 Basic Food, 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.

“This institution is an equal opportunity provider”

SCHOOL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		<input type="checkbox"/> Not Confirmed <input type="checkbox"/> Confirmed <input type="checkbox"/> Basic Food/TANF Office <input type="checkbox"/> Notice of Eligibility
Response Due From Household		
Second Notice Sent		

MONTHLY INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change _____ Date Adverse Notice Sent _____

Signature of Verifying Official _____ Date _____