2008-2009 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 First, Middle Initial, Last School Name	Grade	Food Stamp or TANF case # (if any). **Skip to Part 5 if you list a Food Stamp or TANF case #**

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 #205-594-7131 ext. 2257 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 D 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 (List **everyone** in household)	**2. Gross income and how often was received** *Example. $100/monthly* $100/twice a *month $100/every other week $100/weekly* Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	**3.Check if NO income**
(Example) *Jane Smith*	S200/weekly	$150/weekly	$100/monthly		☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐

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. / understand that school officials may verify (check) the information. I understand that if / purposely give false information, my *children may* lose meal benefits, and I may be prosecuted.
Sign here: X _____ Print name: _____
Address: _____ Phone Number: _____
Social Security Number: _____

Part 6. Children's racial and ethnic identities (optional)
Mark one or more racial identities:
☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ Other

Mark one ethnic identy:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Don't fill out this part This is for school use on!y,
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
Total Income: _____ Per: J 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: _____
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: