

Multi-Child Free and Reduced-Price School Meals Application for 2010-11 – continuation sheet

Part 1. Children in School – continuation sheet				
Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
10.					<input type="checkbox"/>
11.					<input type="checkbox"/>
12.					<input type="checkbox"/>
13.					<input type="checkbox"/>
14.					<input type="checkbox"/>
15.					<input type="checkbox"/>
16.					<input type="checkbox"/>
17.					<input type="checkbox"/>
18.					<input type="checkbox"/>
19.					<input type="checkbox"/>
20.					<input type="checkbox"/>
21.					<input type="checkbox"/>

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 Supplemental Nutrition Assistance Program (SNAP), 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.

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, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.