

JOHNSON CITY FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2017-2018

Office Use Only PRIORITY

Complete one application per household. Please use a pen (not a pencil)

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Fee Waiver		SCHOOL (List NA if not in school)	GRADE	Income	How Often?				Foster Child	Homeless, Migrant, Runaway
			Yes	No				Week	Bi-Wk	2xMnt	Month		
			<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeless Coordinator Signature/Date

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANAF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 on the BACK of this page.

Case Number:

DO NOT LIST AN EBT CARD NUMBER.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income.

For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Gross Earnings from Work	How Often?				Public Assistance/Child Support/Alimony	How Often?				Pensions/Retirement/All Other Income	How Often?			
		Week	Bi-Wk	2xMon	Month		Week	Bi-Wk	2xMon	Month		Week	Bi-Wk	2xMon	Month
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

IMPORTANT: Signature information on back MUST be completed.

STEP 4 Contact information and adult signature--THIS MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED AND PROCESSED.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal

Street Address (if available)		Apt. #	City	State	Zip	Daytime Phone and Email (optional)
Printed NAME		Signature			DATE	

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complain of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: MAIL: U.S. Department of Agriculture, Office of the Assistant Secretary of Civil Rights, 1400 Independence Ave, SW, Washington, D.C. 20250-9410 / OR /

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary of Civil Rights
1400 Independence Ave., SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov

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