

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete the form, sign your name and return it to 1 Sir Bills Circle, Suite 101, Johnstown, NY 12095 or your child's school. Call (518) 762-1875 if you need help.

1. STUDENT INFORMATION: (PLEASE PRINT CLEARLY - ONE FORM PER FAMILY)

Student Name _____ School _____ Grade _____ Foster Child _____ No Income _____

2. HOUSEHOLDS GETTING FOOD STAMPS or TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) FOR THEIR CHILDREN:

Complete this section and sign the application in part 5. Write your case number as provided on your benefit letter, NOT the number on your benefit card.

Name: _____ Case # _____

Note: Complete a SEPARATE application for children in the household with a different case number or no case number.

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: 518-736-1708.

Homeless ___ Migrant ___ Runaway ___ (Homeless Liaison/Migrant Education Coordinator)

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD GROSS INCOME: List all people living in your household, how much and how often they are paid. If you have listed a foster child above, you must report their personal income. SHOW HOW OFTEN YOU RECEIVE YOUR CURRENT INCOME: (Example: weekly, bi-weekly, monthly, or 2 times a month). IF PAY PERIOD IS NOT NOTED, THE REVIEWING OFFICIAL WILL PROCESS THE REPORTED INCOME AMOUNT AS WEEKLY.

List Names of Everyone In your Household	Earnings from work BEFORE deductions	Child Support Alimony, etc.	Payments from Pension or Retirement	Other Income
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

5. SIGNATURE: An adult household member MUST sign the application and provide the last four digits of their Social Security Number before it can be approved, or mark the "I do not have a SS#" box.

I certify that all of the information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal lunch funds; School officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws and my children may lose meal benefits.

SIGNATURE: _____ Date signed _____ Last 4 digits of SS#: _____
 Home Phone # _____ Work Phone # _____ Home Address _____ Zip Code _____
 Email address: _____

For School Use ONLY: Annual income conversion (convert only when multiple frequencies are reported), weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12

___ Food Stamp, ADC or TANF Household
 ___ Income Household: Total Household Income/Frequency: _____ / _____ Household Size _____
 Application Approved for: _____ Free Meals _____ Reduced Meals _____ Application DENIED _____
 _____ Temporary Free/Reduced (expires 45 days) Date: _____
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS FOR FREE & REDUCED PRICE SCHOOL MEALS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Department of Social Services OR complete the application using the instructions for your household. Sign the application and return the application to Food Service, 2 Wright Dr., Johnstown, NY 12095 or your child's school. Please complete a separate application for each foster child. **However, only ONE application PER FAMILY is needed.** Call (518) 762-1875 if help is needed.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART.

- 1) Print the names of the children you are applying for.
- 2) List their grade and school.
- 3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 - HOUSEHOLDS GETTING FOOD STAMPS, TANF, OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.

- 1) List a current food stamp, TANF, or FDPIR case number of anyone living in your household. DO NOT use the 16 digit number on your benefit card. The case number is provided on your benefit letter.
- 2) An adult household member must sign the application in Part 5. SKIP PART 4.

PART 3 - Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's home liaison or migrant education coordinator at this number: 518-736-1708.

PARTS 4 & 5 - ALL OTHER HOUSEHOLDS: COMPLETE THESE PARTS AND ALL OF PART 5.

- 1) Write the names of everyone in your household, whether they get income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **IN YOUR HOUSEHOLD**. Use another piece of paper if you need more space.
- 2) Write the amount of income each household member got last month, before any taxes or other deductions were taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income. **SPECIFY HOW OFTEN THIS INCOME AMOUNT IS RECEIVED: WEEKLY, BI-WEEKLY, MONTHLY, or 2 TIMES PER MONTH.**

3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, Temporary Assistance to Families (TANF) and At Risk Child Care Programs should not be considered as income for this program.

SOCIAL SECURITY NUMBER: The application MUST provide the last 4 digits of the social security number of the adult who signs it. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF, or FDPIR number, or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free & reduced price meal application. Your written consent is required before any information may be released.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp or ADC or TANF case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Free & Reduced Price Meal Application Fact Sheet

When filling out the application form, please pay careful attention to these helpful hints.

Food Stamp/TANF/FDPIR number:

This must be the complete number supplied to you by the agency including all number and letters, for example, E 123456, or whatever the combination is used in your county. Refer to a letter you received from your local Department of Social Services for your number or contact them for your number. All children with the same case number may be listed on the same application. Separate applications are required for children with different numbers.

Foster Child:

A child who is living with a family but who is under the legal care of the welfare agency or court is considered a foster child. List the child's "personal use" income. This includes only those funds provided by the agency that are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are NOT considered income to the foster child. Write "0" if the child has no personal use income.

Household:

Is a group of related or non-related people who are living in one house. They share income & expenses.

Adult Family Members:

All related and non-related who are 21 years of age and older living in your house.

Financially Independent:

A person is financially independent and a separate economic unit/household when his/her earnings & expenses are not shared by the family/household.

Gross Income:

Is money earned or received by each member of your household before deductions. Examples of deductions are Federal tax, State tax and Social Security deductions.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self employment
- Net farm income
- Pensions, annuities, or other retirement income including Social Security retirement
- Unemployment compensation
- Welfare payments (does not include value of food stamps)
- Public assistance payments
- Adoption assistance
- Strike benefits
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including worker's compensation
- Veteran's subsistence benefits
- Interest or dividend income

- Cash withdrawn from savings, investments, trusts and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.) you must list the income from all sources.

Current Income:

Is your income at the present time before deductions. Farmers, self-employed workers, migrant workers and other seasonal employees may use their income for the past 12 months.

Income Exclusions:

The value of any child care provided or arranged, or any amount received as payment for such childcare or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should NOT be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact Ruth Brown, Food Service Manager at 762-1875.