

2020-21 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) Homeless, Student Name School Grade Foster Child Runaway, Migrant

2. SNAP/TNAF/FDPIR Benefits:

Complete this section and sign the application in part 4. Write your case number as provided on your benefit letter, NOT the number on your benefit card.

Name: _____ Case # _____

3. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD GROSS INCOME: List all people living in your household, how much and how often they are paid. If there is no income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

4. 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.

I do not
have a SS
#

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

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ___ 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 Island ___ White

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

___ SNAP/TANF/Foster
 ___ Income Household: Total Household Income/Frequency: _____ / _____ Household Size _____
 Application Approved for: _____ Free Meals _____ Reduced Meals _____ Application DENIED _____

Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS FOR FREE & REDUCED PRICE SCHOOL MEALS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign 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, including foster children, for whom you are applying on one application.
- 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 4.

- 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 4. **SKIP PART 3.**

PARTS 3 & 4 - ALL OTHER HOUSEHOLDS: COMPLETE THESE PARTS AND ALL OF PART 4.

- 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 receives, before any taxes or other deductions are 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.** IF NO INCOME, INDICATE THAT WITH '0'. 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.
- 3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- 4) **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.**
- 5) An adult household member must sign the application in PART 4.

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.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on the application. You do not have to give the information, but if you do not submit all the needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or the other 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.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights laws and the 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, audiotope, 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 complaint of discrimination, complete the USDA Program Discrimination Form, (AD-3027) 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:

- (1) mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410,
- (2) by fax (202) 690-7442 or
- (3) email at program.intake@usda.gov.

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