

Check this box if your household received free or reduced-price meals in the 08-09 school year

SCHOOL YEAR 2009-10 APPLICATION FOR FREE AND REDUCED-PRICE MEALS NATIONAL SCHOOL LUNCH/SCHOOL BREAKFAST PROGRAM

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, 5, and 6. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, 5, and 6. Foster children need their own application. For assistance please call your child's school or the Food Service Office at **360-293-2166 ext 469** and ask for help with the free and reduced-price meals application.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS

Child's Name FIRST	MI	LAST	Basic Food or TANF Case Number	FDPIR Case Number	School	Student ID#	Grade	Date of Birth

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE

Child's Name FIRST	MI	LAST	School	Student ID#	Grade	Date of Birth

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME

Do not complete this section if you completed Part 1. List the names of EVERYONE living in your household, including yourself and any children listed in Part 2a. Write the amount of income (earnings BEFORE DEDUCTIONS) each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. Income **must** be reported as weekly, every two weeks, twice a month, or monthly. Do not include foster children.

NAMES of Household Members (First, MI, Last)	Check if NO Income	Earnings from Work (List Amount/How Often, Earnings before deductions) Job 1 Job 2	Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)
(example) Jane I. Smith	<input type="checkbox"/>	List how much & how often for example: \$100/weekly, \$100/every two weeks, \$100/twice a month, \$100/monthly.			
1.	<input type="checkbox"/>				
2.	<input type="checkbox"/>				
3.	<input type="checkbox"/>				
4.	<input type="checkbox"/>				
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income

Child's Name	Child's Personal Use Income: (List amount/How often)	School	Student ID#	Grade	Date of Birth

PART 4: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that 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.

Please sign here: X _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Signature of Adult Household Member Date </div>	EMAIL ADDRESS (OPTIONAL) <hr/> <input type="checkbox"/> I MAY BE CONTACTED BY EMAIL REGARDING ELIGIBILITY
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER <input type="checkbox"/> I do not have a social security number	CITY AND ZIP CODE WORK TELEPHONE NUMBER

PLEASE TURN OVER

If you would like information on free or low-cost health insurance for your kids, call 1-877-543-7669.

