

Please Respond
in English

English

Application for Free and
Reduced Price Meals

Muhlenberg School District

School Year 2006-2007

FREE AND REDUCED PRICE MEALS FAMILY APPLICATION

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. For assistance please call your child's school and ask for help with the free and reduced-price meals application 610-921-8000 ext. 1224.

PART 1 CHILDREN IN SCHOOL (Use a separate application for each foster child)			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

PART 2 If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call BCIU your school, homeless liaison, migrant coordinator at phone # 610-987-2248.

Homeless Migrant Runaway

PART 3 FOSTER CHILD

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

PART 4 TOTAL HOUSEHOLD GROSS INCOME - You must tell us how much and how often					
1. Names of Household Members (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
Example: Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

PART 5 SIGNATURE AND SOCIAL SECURITY NUMBER (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER ()
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER ()

I do not have a Social Security Number.

Please sign here: X _____ Date _____

Signature of Adult Household Member

PART 6 CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional)

Mark one or more racial identities:

Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other _____

Mark one ethnic identity:

Hispanic or Latino
 Not Hispanic or Latino

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Federal Income Chart			
Effective from July 1, 2006 to June 30, 2007			
Household Size	Yearly	Monthly	Weekly
1	\$18,130	\$1,511	\$349
2	24,420	2,035	470
3	30,710	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
For each additional member add:	+6,290	+525	+121

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

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 Food Stamp Program, 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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

SFA APPROVAL/DENIAL

- Food Stamp/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Monthly Income \$ _____

Total Household Size _____

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Date Temporary Approval Expires _____

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing
- Other: _____

_____ Date Notice Sent

_____ Signature of Approving Official

_____ Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification	_____	<input type="checkbox"/> Not Confirmed <input type="checkbox"/> Confirmed	<input type="checkbox"/> Food Stamp/TANF Office <input type="checkbox"/> Notice of Eligibility
Response Due from Household	_____		
Second Notice Sent	_____		

MONTHLY INCOME		COMMENTS	RESULTS		REASON FOR ELIGIBILITY CHANGE	
\$						
	Wage Stubs			No Charge		Income
	Written Documents			Free to Reduced		Household Size
	Collateral Contact			Ineligible		Refuse to Cooperate
	Agency Records			Reduced-Price to Free		Other:
	Other			Free to Paid		
				Reduced-Price to Paid		
Date of Change _____			Date Adverse Notice Sent _____			
Signature of Verifying Official _____			Date _____			