

Moscow School District
APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS 2009-2010

Either a complete and current application, or a DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPIR must be completed and returned to your child's school each year to receive benefits.

Only one application per household is necessary, even if you have children in more than one school.
Application directions and income guidelines are on the reverse side of this application.
You will be notified by mail when your application is processed.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. WIC participants may be eligible for free or reduced price meals. Please call the following number if you need any help: 892-1123

1. STUDENT INFORMATION – Please Print List all students in the household			2. List the FOOD STAMP, TAFI, or FDPIR case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not acceptable.
STUDENTS NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO. IF APPLICABLE TAFI/FDPIR CASE NO. IF APPLICABLE
1			
2			
3			
4			
5			
6			

3. FOSTER CHILD: Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents.
 \$ _____

4. HOUSEHOLD MEMBERS AND INCOME: List the names of everyone in your household and gross income they receive. If children listed above receive income, include that information below. If household member listed below has no income, you must check the NO INCOME box. How often income is received must be answered (weekly, bi-monthly, or monthly).

List all other members of the household below. Total number in household _____	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income		
	NO INCOME	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

5. SIGNATURE AND SOCIAL SECURITY NUMBER: 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. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in this box.

X _____
 Signature of Adult Household Member

_____ -- --
 Social Security Number

_____ I do not have a Social Security number.

Printed Name of Above Signature

_____ Home Phone No. _____ Work Phone No.

Mailing Address

_____ Date Signed

City _____ State _____ Zip _____

6. RACE/ETHNIC IDENTITY - OPTIONAL

Mark one or more racial identities:

ASIAN
 WHITE
 BLACK OR AFRICAN AMERICAN
 AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 OTHER

Mark one ethnic identity:

HISPANIC OR LATINO
 NON HISPANIC OR LATINO

Dear Parent/Guardian:

The Moscow School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. If you need help please call: 892-1123

Instructions: Section #6 Race is optional.

INCOME CHART Effective July 1, 2009 to June 30, 2010			
Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional member add	+6,919	+577	+134

STUDENTS WHO ARE FOSTER CHILDREN MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school (each Foster child needs a separate application)
- #3 – Child's personal income
- #5 – Adult signature, printed name, date, address and phone number

STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDIPIR CASE NUMBERS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #2 – Case number for each child (EBT or quest card # not allowed)
- #5 – Adult signature, printed name, date, address and phone number

ALL OTHER STUDENTS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #4 – All household members and gross income by person including how often income is received (weekly, monthly, etc.)
- #5 – Adult signature, printed name, date, address and phone number, and social security number of adult signer

PLEASE NOTE:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

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 Families in Idaho (TAFI) 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 review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla espanol.

“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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____		DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	
TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____		APPLICATION APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> _____ WITHDRAWAL DATE	
VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) _____ Signature of confirming Official _____			
Signature of Determining Official: X		Signature of Verifying Official: X	
Date Signed: _____		Date _____	
Date Notice Sent: _____		Date 2 nd Notification Sent: _____	

