Instructions for Applying - 2008-09

Use a separate application for each foster child. List other children together.

If you are applying for a FOSTER CHILD, follow these instructions:
Part 1: List the child's name, school and grade.
Part 2: List the child's personal use monthly income, if any.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.

If your household receives FOOD STAMPS OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), follow these instructions:
Part 1: List each child's name, school, grade and EDG# (Eligibility Group Number) for Food Stamp or TANF.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:
Part 1: List each child's name, school and grade. **Optional (Social Security Number, Student I.D. or Date of Birth)**
Part 2: Skip this part.
Part 3: Follow these instructions to report last month's household income.

Column 1 - Name: List the last, first and middle initial of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.

Column 2 - Income and how often it is received: For each person who receives income, write the amount received and how often it is received - weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Employment Income: List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your boss can tell you. Next to the amount, write how often you receive it - weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Other Income: List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.

Column 3 - Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number or mark the box if he or she doesn't have one.

Privacy Act Statement: This explains how we will use the information you give us. The 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 children for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list an eligibility group number for Food Stamp or TANF OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced-price meals, to operate the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health and nutrition officials to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into misuse 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 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.

Multi-Child Free and Reduced-Price School Meals Application for 2008-09

Galena Park Independent School District **Local Educational Authority**

Part 1. Children in School (*Use a separate application for each foster child.*)

Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (**OPTIONAL**)	Grade	Eligibility Group # for Food Stamp or TANF (if any)
1.				
2.				
3.				
4.				
5.				
6.				

If you listed an Eligibility Group # for Food Stamp/TANF, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box ❑ and list the amount of the child's personal use monthly income: $_____. Skip to Part 4.

Part 3. Household Members and Gross Income From Last Month (*List each person in the household. For each person who receives income, write the amount received and how often it is received.*)

1. Name. (List **everyone** in household.)	**2. Income and how often it is received.** Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				**3. Check if NO Income.**
	Earnings from work before deductions	**Welfare, child support, alimony**	**Pensions, retirement, Social Security**	**Other**	
Example: Smith, Jane B.	**$200/E**	**$50/M**			❑
1.					❑
2.					❑
3.					❑
4.					❑
5.					❑
6.					❑
7.					❑
8.					❑
9.					❑

Part 4. Signature and Social Security Number (*Adult must sign.*)

An adult household member must sign the application. If Part 3 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 "Instructions for Applying" 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.

Sign here: _____ Date: _____

Social Security Number: _____ - _____ - _____ ❑ I do not have a Social Security Number.

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Do not fill out this part. For school use only.

Multiple income frequencies **must** be converted to annual amounts and combined to determine household income. If converting household income to annual amounts, round only the final number. **Do not** convert if the household provides only one income frequency.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Income: _____ Household Size: _____ FS/TANF: _____ Date Withdrawn: _____

Eligibility: Free: _____ Reduced: _____ Denied: _____ Reason: _____

Temporary: Free: _____ Time Period: _____ (expires after _____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____ Date: _____

Multi-Child Free and Reduced-Price School Meals Application for 2008-09 - continuation sheet

Part 1. Children in School - continuation sheet

Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (**OPTIONAL**)	Grade	Eligibility Group # for Food Stamp or TANF (if any)
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part 3. Household Members and Gross Income From Last Month (*List each person in the household. For each person who receives income, write the amount received and how often it is received.*)

1. Name. (List **everyone** in household.)	**2. Income and how often it is received.** Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				**3. Check if NO Income.**
	Earnings from work before deductions	**Welfare, child support, alimony**	**Pensions, retirement, Social Security**	**Other**	
10.					❑
11.					❑
12.					❑
13.					❑
14.					❑
15.					❑
16.					❑
17.					❑
18.					❑
19.					❑
20.					❑
21.					❑

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