☐ **Check here if you received meal benefits last year.**

BATTLE GROUND PUBLIC SCHOOLS

2011–2012 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Complete, sign and return this application to your child's school or mail to PO Box 200, Battle G., WA 98604.

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4.** However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2.**
If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school. ☐ **Homeless** ☐ **Migrant** ☐ **Runaway**

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number.
							$						☐ Yes-Case #_____
							$						☐ Yes-Case #_____
							$						☐ Yes-Case #_____
							$						☐ Yes-Case #_____
							$						☐ Yes-Case #_____

2. **List the names of all other household members - Enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.**

Names of ALL other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number.
			$					$					$					$					
			$					$					$					$					
			$					$					$					$					
			$					$					$					$					
			$					$					$					$					

3. **Total Household Members (include all people living in your household): _____**
4. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. 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.

_____
Printed Name of Adult Household Member

_____ _____
Mailing Address Street Address

_____ _____ _____
City & Zip Code Home Phone Work/Cell Phone

Last 4 digits of your social security number: _____
OR, if you do not have a social security number, check the box: ☐

_____ _____
Adult Household Member Signature Date

_____
Email Address

5. Children's Racial and Ethnic Identities (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
- ☐ Not Hispanic or Latino

6. Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees: ☐ Advanced Placement Program ☐ ☐

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

_____ _____
Parent/Guardian Signature Date

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), 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.

SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL/DENIAL
- ☐ Basic Food/TANF/FDPIR Household
- ☐ Income Household
- ☐ Foster Child (categorically free)

Total Household Size _____
Total Household Income $_____
Income Approved by (check one): ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly ☐ annual

APPLICATION APPROVED FOR:
- ☐ Free Meals
- ☐ Reduced-Price Meals

TEMPORARY APPROVAL FOR:
☐ Free Meals ☐ Reduced-Price

Date Temporary Approval Expires: _____

APPLICATION DENIED BECAUSE:
- ☐ Income Over Allowed Amount
- ☐ Incomplete/Missing Information
- ☐ Other: _____

_____ _____ _____
Date Notice Sent Signature of Approving Official Date