

**EDGEWOOD CITY SCHOOLS**

**ONE APPLICATION PER HOUSEHOLD EFFECTIVE JULY 1, 2009**

**2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**



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

Names of all children in school First, Middle Initial, Last)	School Building Name	Grade	SNAP* or TANF case # (if any) Skip to Part 5 if you list SNAP* or TANF case #.											
			<b>10 DIGITS ONLY for Food Stamp (SNAP) CASE Number</b>											
1)														
2)														
3)														
4)														
5)														
6)														
7)														

**Part 2.** If the child you are applying for is homeless, migrant or runaway check appropriate box, call Special Services Administrator Martha Lombard at 513-867-7572  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 list amount of 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 (List EVERYONE in household)	2. Gross income and how often it was received				Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pension, retirement, Social Security	All other Income	
	Example: \$100/monthly \$100 twice a month \$100 every other week \$100 weekly				
1)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
2)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
3)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
4)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
5)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
6)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
7)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

**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 back of this page.)

*I certify (promise) that all the 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:** \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's Racial and Ethnic identities (optional)** Mark one ethnic identity:

Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	

**Do not fill out this part. This is for school use only**

Annual Income Conversion: Weekly x 52, 2 Weeks x 26, Twice a month x 24 Monthly x 12 **Household Size:** \_\_\_\_\_

**Total Income :** \_\_\_\_\_  Weekly  Bi-Weekly  Bi-Monthly  Monthly

Categorical Eligible: \_\_\_ Date Withdrawn: \_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary Free: \_\_\_ Reduced \_\_\_ Time Period \_\_\_\_\_ (expires after \_\_\_\_\_ days)

**Determining Officials Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Selected for Verification,** Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_

2nd Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

**Verification Result:** No Change \_\_\_ Free to Reduced Price \_\_\_ Free to Paid \_\_\_

Reduced Price to Free \_\_\_ Reduced Price to Paid \_\_\_