

AMHERST COUNTY PUBLIC SCHOOLS 2017-2018 FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals for your child(ren), **complete ONE APPLICATION per household.** Return the application to any school or the Child Nutrition Office. If you need help with this form, please call Kimberly Klein, Child Nutrition Supervisor, (434) 528-9562, extension 20242

SNAP or TANF HOUSEHOLDS – If any member of your household receives SNAP or TANF benefits, list the person's name and case number. Also, list all student names. ALL OTHER HOUSEHOLDS – List all household members (Last Name, First Name, Middle Initial) Check the box next to the number if the person listed has NO income	Foster Child* (check the box below)	Age	Student ID # Student Only	School Student Only	Grade Student Only	SNAP (formerly food stamps) or VA TANF Case Number If receiving SNAP or TANF benefits list only one case number (7-12 digits) Do not use the 16 digit EBT card number	List Gross income (before deductions) in whole dollars. Write in how often income is received using the following codes: W = Weekly, 2W = Every 2 Weeks, 2M = Twice a Month, M = Monthly				
							Earnings from Work Before Deductions Wages, Salaries, Tips, Strike Benefits, Unemployment, Workers Compensation, Net Income Self-owned Business or Farm		Child Support, Welfare, Alimony Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Retirement, Social Security Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	All Other Income Disability, Cash from Savings, Interest/Dividends Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Royalties/Annuities/Net Rental Income, Any Other Income
							Job 1 \$Amount/How Often	Job 2 \$Amount/How Often			
1. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
2. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
3. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
4. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
5. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
6. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
7. <input type="checkbox"/>	<input type="checkbox"/>						\$ /	\$ /	\$ /	\$ /	\$ /
Total Household Members (Children and Adults) <input type="checkbox"/> <input type="checkbox"/>											

* If the student(s) you are applying for is a **FOSTER CHILD**, who is the legal responsibility of a welfare agency or the court, check the box above. If there are other students in the household complete the SNAP, TANF or income information.

CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question. Ethnic Identities: Choose one of the following: Hispanic or Latino Not Hispanic or Latino
RACIAL IDENTITIES: Choose one or more of the following racial identities (in addition to ethnicity): American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

HOMELESS **MIGRANT** **RUNAWAY** If the child you are applying for is homeless, migrant, or a runaway, please check the appropriate box and call the homeless liaison or migrant coordinator, Hollie Jennings at (434) 528-6485.

OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia Children's Health Insurance Program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free and reduced price meals.
 NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Others: Your permission is required for the school to use this information for other benefits, **YES**, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only. Fee Waivers for AP (Advanced Placement) Testing Fee Waivers for SAT/ACT Testing Dental Clinic

SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application and provide the last four digits of the social security number, or mark the box if they do not have one before the application can be approved (see privacy act on the instructions page). **PENALTIES FOR MISREPRESENTATION:** I certify that all information provided 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 the information. I understand that if I purposefully give false information, my children may lose meal benefits and I may be prosecuted.

XXX-XX- <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> I Do Not Have A Social Security Number	Signature of Adult Household Member	Date
Last 4 digits of the Social Security # of Signing Adult			

PRINT: Name of Signing Adult _____ Home Phone: _____

Mailing Address _____ Work Phone: _____

Street City/Town Zip code

For School Use Only – Do Not Write Below This Line

Eligibility Determination: Approved Free Approved Reduced Denied, Reason: Income Too High Incomplete Date Approval/Denial Notice Sent to Parent/Guardian _____

Signature of Approving Official _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete one application for ALL children in the household who are in school** using the following instructions. Sign the application and return to any school in the division or the Child Nutrition office, P.O. Box, 1257, Amherst, VA 24521. Call the Child Nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
List the name and case number for any household member (including adults) receiving **SNAP** or **TANF** benefits.
Ethnic and Racial Identities: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Sign the form. The last four digits of the Social Security Number are not necessary if you have a SNAP or TANF case number.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

List all children in school. List everyone else in the household. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Complete the income information section. See instructions for all other households below. If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your **school's homeless, migrant, and runaway coordinator**.
Ethnic and Racial Identities: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:
List all children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child. You do not need to fill in any income information.
Ethnic and Racial Identities: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in income information.

If one or more children in the household are foster children and other children in the household are not foster children:

List all children in school. List all other household members. Include the school, grade, and the student's school identification (ID) number for each child who is in school. List each person's age and if they have no income, check the "No Income" box. Check the "Foster Child" box for each child who is a foster child. If the household does not have a SNAP or TANF case number, skip this part. If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your **school's homeless, migrant, and runaway coordinator**. If not, skip this part. Follow these instructions to report total household income from this month or last month

- Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Ethnic and Racial Identities: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

List all children in school. List all other household members. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school. List each person's age and if they have no income, check the "No Income" box. If the household does not have a SNAP or TANF case number, skip this part. If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your **school's homeless, migrant, and runaway coordinator**. If not, skip this part. Follow these instructions to report total household income from this month or last month.

- Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Ethnic and Racial Identities: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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**AMHERST COUNTY PUBLIC SCHOOLS
CHILD NUTRITION PROGRAM
P.O. BOX 1257
AMHERST, VA 24521**

Attn: Kimberly Klein