

**FREE & REDUCED APPLICATION**  
**ANY QUESTIONS, PLEASE CALL 235-3265**

**Complete one application for all District #25 children in your household.**

**To apply for free and reduced price meals, complete this application, sign your name and return the application to the school cafeteria staff.**

**FY 2009-2010 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS**

**1 STUDENT INFORMATION – Please print.**

STUDENTS NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO.	TAFI/FDPIR CASE NO
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

**2** List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.

**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 all members not listed above. If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.

	NO INCOME	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other 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 Box #5.**

X \_\_\_\_\_  
Signature of Adult Household Member

Printed Name of Above Signature \_\_\_\_\_

Street/Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SOCIAL SECURITY NUMBER\***  
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I do not have a Social Security Number

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

P. O. Box No. \_\_\_\_\_

Date Signed \_\_\_\_\_

**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

**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.

**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

FOOD STAMP/TAFI/FDPIR HOUSEHOLD

INCOME HOUSEHOLD: Total household income: \$ \_\_\_\_\_ Household Size \_\_\_\_\_

**DENIED:**

- Income Over Allowed Amount
- Incomplete/Missing  Other

**TEMPORARY APPROVAL FOR:**

- Free Meals, expires \_\_\_\_\_
- Reduced-Price Meals, expires \_\_\_\_\_

**APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**VERIFICATION RESULTS:**

- No Change  Free to Reduced  Reduced to Free
- Ineligible (Reason)

Signature of Determining Official: X

Signature of Verifying Official: X

Date

Date Sent:

Date Notice Sent:

Date 1st Notification Sent:

Date 2<sup>nd</sup> Notification Sent:

Dear Parent or Guardian:

School District No 25 serves meals each school day. Children from households that meet Federal Income Guidelines are eligible for free meals or reduced price meals at \$0.40 cents for lunch and \$0.30 cents for breakfast. Under this federal program, it is necessary to follow the appropriate USDA rules and Regulations.

#### HOW TO APPLY

To receive free or reduced priced meals for your child, you must complete an application and return it to the School Food Service personnel. This application must contain the name of each school district student, names of all household members, the amount of income each person received last month, and the source where it came from. The signature of an adult household member and that adult's social security number or the word None if the adult does not have a social security number.

If you now receive food stamps, TAFI\*, or FDPIR\* for the children you are applying for, the application must contain the name of each school district student, a food stamp, TAFI\* or FDPIR\* case number, and the signature of an adult household member.

If you are applying for a foster child, the application must have the child's name, the child's personal use income (such as for clothing, school fees, and allowances; and all other money the child receives, such as money from his or her family, and money from the child's full-time or regular part-time jobs) and an adult signature.

**Verification:** Your eligibility may be verified at any time during the school year. School Food Service officials may ask you to provide documentation verifying that your child should receive free or reduced meals.

**Fair Hearing:** You may talk to School Food Service officials if you do not agree with the decision on your application or the results of verification. You may ask for a fair hearing. You may do this by writing: Director of Business, 3115 Poleline Rd., Pocatello, ID 83201

**Confidentiality:** School Food Service officials use the information on the application only to decide if your child should receive free or reduced price meals, or benefit under other federal programs.

**Reapplication:** You may apply for meals any time during the school year. If you are not eligible now but have a change, for example a change in household income, household size, or a change of employment, become unemployed, or receive food stamps, TAFI\* or FDPIR\* for your child, complete an application at that time.

**Food Substitutions:** If your child has any dietary restrictions or disabilities requiring food substitutions, provide a written statement from your doctor to the School Food Service dietitian specifying the substitution.

### INCOME ELIGIBILITY GUIDELINES Effective FROM July 1, 2009 to June 30, 2010

FREE				REDUCED		
Annual	Monthly	Weekly	Household Size	Annual	Monthly	Weekly
14,079	1,174	271	1	20,036	1,670	386
18,941	1,579	365	2	26,955	2,247	519
23,803	1,984	458	3	33,874	2,823	652
28,665	2,389	552	4	40,793	3,400	785
33,527	2,794	645	5	47,712	3,976	918
38,389	3,200	739	6	54,631	4,553	1,051
43,251	3,605	832	7	61,550	5,130	1,184
48,113	4,010	926	8	68,469	5,706	1,317
<b>+4,862</b>	<b>+406</b>	<b>+94</b>	For each additional family member add:	<b>+6,919</b>	<b>+577</b>	<b>+134</b>

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.

You will receive written notification of approval or denial for free and reduced price meal benefits.

Sincerely,  
Betty Espindola, Coordinator of School Food Service