

**FREE AND REDUCED PRICE MEAL APPLICATION
RESIDENTIAL CHILDREN**

Application is hereby made on behalf of _____
(resident's name) (Grade)

who attends school and resides at _____
(name of institution)

to determine eligibility for free or reduced price meals.

The undersigned, to the best of his or her knowledge, certifies that the income available to the applicant is \$_____ per month. It is understood that this amount is gross income before deductions and it includes wages, pensions, social security, welfare payments, income from trusts, spending allowance, and other spendable items.

This application is being made in conjunction with the receipt of Federal and State funds. Officials may verify information on the application. Deliberate misrepresentation of information subjects the applicant to prosecution under applicable State and Federal criminal statutes.

We are required to ask for information about the resident's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect the resident's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation.

Ethnicity (check one) Hispanic or Latino Not Hispanic or Latino
Race (check one or more) American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

(Caretaker's Signature)

(Date)

Eligible for free meals

Eligible for reduced price meals

Denied

Determining Official: _____

Date in: _____

Date out: _____

This institution is an equal opportunity provider.