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.

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.