**INDEPENDENCE SCHOOL DISTRICT NUTRITION SERVICES**

**1400 West Geo Space Drive, Independence, mo 64056, 816-521-5371**

**FREE AND REDUCED SCHOOL MEALS FAMILY APPLICATION 2014-2015**

**One Application per Household**

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| Part 1. Food Stamp/Temporary Assistance Benefits |
| If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below. Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, fill out Part 2 completely.  |
| Name: | Case Number: 0 0 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ |
| Part 2. Household Information |
| **1. Name – list everyone in household**If Part 1 is complete list only students | **2. Name of school building**Name of school building for each child/student or indicate N/A if not in school | **3. Grade** | 4. Check if a foster child legal responsibility of welfare agencyor court | 5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly) | 6. Check if no Income |
| Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, social security, SSI, and VA benefits | All other income |
| Income | How often | Income  | How often | Income | How often | Income  | How often |
|  |  |  | ❑ |  |  |  |  |  |  |  |  | ❑ |
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| **Part 3. Homeless, migrant, or Runaway Student** |
| If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator, Nicole Sequeira at 816-521-5346. |
| **Part 4. Signature (Adult Must Sign)** |
| An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his or her last four digits of their social security number or mark the “I do not have a social security number” box. (See Privacy Act Statement.)I certify (promise) that all 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 the 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of social security number: \* \* \* - \* \* - \_\_ \_\_ \_\_ \_\_ ❑ I do not have a social security number |
| 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 is 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. |
| **Part 5. Student’s Racial and Ethnic Identities (optional)** |
|  Mark ethnic identity❑ Hispanic or Latino❑Not Hispanic or Latino |  Mark one or more racial identities ❑Asian ❑Black or African American ❑Native Hawaiian or Other Pacific Islander  ❑White ❑American Indian or Alaska Native  |
| Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) (PDF), found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. |
| **DO NOT fill out this section. This is for school use only.** |
| **annual income conversion: weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12** **(use only if multiple frequency)**❑Food Stamps/Temporary Assistance Household size:\_\_\_\_\_\_\_\_\_Total income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_ Per: ❑Week ❑Every 2 Weeks ❑Twice a Month ❑Month ❑YearEligibility: ❑Free ❑Reduced ❑Denied Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Withdrawn:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Determining Official’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Approved/Denied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirming Official’s Signature (For verification purposes only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |