

APPLICATION INSTRUCTIONS

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OR FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student.
Part 2: List the name of the household member receiving the benefit, and list the case number.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.
Part 6: Sign the form. The last four digits of the social security number are NOT required.

IF YOU ARE APPLYING FOR A MIGRANT, HOMELESS, OR RUNAWAY CHILD, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student. Indicate if the student is Homeless, Migrant or Runaway.
Part 2: Skip this part.
Part 3: Call your child's Principal or Noreen Flores at 719-486-6811.
Part 4: Skip this part.
Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.
Part 6: Sign the form. The last four digits of the social security number are NOT required.

IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student. Check the foster check box for each foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.
Part 6: Sign the form. The last four digits of the social security number are NOT required.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, if NO INCOME, you must check the no income box.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you not listed in Part 1 and students that have income. Attach another sheet of paper if you need to.
Column 2–Check if no income: If the person does not have any income, check the box.
Column 3–6 Gross income and how often it was received: Next to each person's name, list each type of income received and how often it was received.
Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**
Additional Income Sources: List the total amount each person received from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
Other Income: Report net income for self-owned business, farm, or rental income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.
Part 6: An adult household member **must** sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not have one.

INCOME TO REPORT:

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment
Compensation
Worker's Compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony
Child support payments

Pensions/Retirement/Social Security/SSI/VA Benefits
Pensions
Supplemental Security Income
Retirement income
Veteran's benefits
Social Security

Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from people not living in the household
Net royalties/annuities/net rental income
Any other income

2014-2015 Application for Free and Reduced Price School Meals
 (This form may be used only if participating in the federal Child Nutrition programs)

 Last Name(s) of Family

 Mailing Address, City, Zip Code

 Telephone Number

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1. Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income please add the student to the household section below and provide income information.							H: Homeless	M: Migrant	R: Runaway
Foster Child	No Income	Student Name: Last, First	School	Grade	H	M	R		
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

Part 2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits.
 (Enter information and skip to part 5)

Name: _____

Case Number: _____

Part 3. Other Source Eligibility: If any child you are applying for is **HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your child's Principal or Noreen Flores at 719-486-6811.

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information **WILL** be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

Part 4. List all household members not listed above AND students with income.		List all current gross income, and check how often it was received.			
Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$_____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 6. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only):** XXX - XX - _____ I do not have a Social Security Number

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 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: X** _____ **Date:** _____

*****DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: Free _____ Reduced: _____ Denied: _____
 Income Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____