

Loudoun County Public Schools
2009-2010 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD

Complete, sign, and return the application to any school in the division. Please read the instructions on the back of this form. Call the Food Services Office if you need help 571-252-1010.

Part 1. Children in School (Use a separate application for each foster child)

	LAST NAME	FIRST NAME	M.I	GRADE	SCHOOL	STUDENT ID # (if applicable)	LIST SNAP or TANF CASE NUMBER (if applicable)
1							
2							
3							
4							
5							
6							

If you are getting SNAP or TANF benefits for your child(ren), list the case number(s) above. DO NOT complete Parts 2, 3, or 4. Go to Part 5.

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and **call your school to talk with the homeless liaison or migrant coordinator.**
 Homeless Migrant Runaway **Complete Parts 1, 4, 5, 6, and 7.**

Part 3. If this is a **FOSTER CHILD**, who is the legal responsibility of the courts, **check here** and write the child's monthly "personal use" income here: \$ _____. Write "0" if the child has no personal use income. **DO NOT complete Part 4. Go to Part 5.**

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 3 or if you did not list a SNAP or TANF case number in Part 1)
 List all household members, including the child(ren) listed above. List gross income before any deductions and tell us **how often** it was received.

Names of all Household Members (Include the child(ren) named above)	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly					Check If No Income					
		Earnings from Work Before Deductions, Wages, Salaries, and Tips, or Strike Benefits, Unemployment Benefits, Worker's Compensation or Earnings from Self-owned Business		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (See Back of Form)						
		Job 1	Job 2	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often						
Do Not Complete if this is a foster child, or if you listed a food stamp or TANF case number in Part 1.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
1.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
2.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
3.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
4.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
5.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
6.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
7.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
8.		\$	/	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>

Part 5. RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please mark one or more of the following racial identities:

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

ETHNIC IDENTITIES: Please mark one of the following: Hispanic or Latino Not Hispanic or Latino

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide a social security # before it can be approved. (See Privacy Act Statement on back)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

□□□□-□□□□-□□□□□□

I Do Not Have A Social Security Number

SIGN HERE

Social Security # of Adult Signing Application

Signature of Adult Household Member (above)

Date

Mailing Address: _____ Home Phone: _____
 Zip Code: _____ Work Phone: _____

DO NOT WRITE BELOW LINE- SCHOOL USE ONLY--
Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: \$ _____ / _____ **HOUSEHOLD SIZE** _____ SNAP TANF
 Approved Free Approved Reduced Temporary, Expires _____ Other: _____
 Denied Reason: Income Too High Incomplete

Date Approval/Denial Notice Sent to Household: _____ Signature of Approving Official: _____

Transferred/Withdrawn Date: _____ **Transferred To:** _____

VERIFICATION SUMMARY: Date Selected: _____ Date Response Due: _____ Date of 2nd Notice: _____ Date Results Notice Sent: _____

Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid

Reason for Change: Income Household Size Refused to Cooperate Change in SNAP/TANF

Date: _____ Verifying Official's Signature: _____