

Part 6 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: _____ (optional)

___ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

___ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (optional)

Check one or more racial identities:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ White

___ Native Hawaiian or Other Pacific Islander

___ Other

Check one ethnic identity:

___ Hispanic or Latino

___ Neither Hispanic nor Latino

Privacy Act Information: 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Verification - This is for school use only

Date Selected for Verification: _____

Confirming Official's Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Official's Signature: _____

Sample Selection:

___ Standard Basic

___ Alternate-Random

___ Alternate-Focused

FAP/FIP Eligibility:

___ Not Confirmed

Confirmed:

___ Department of Human Services

___ Notice of Eligibility

Income

\$ _____

___ Weekly

___ Every 2 Weeks

___ Twice a Month

___ Monthly

___ Annual

___ Wage Stubs

___ Written Documents

___ Collateral Contact

___ Agency Records

___ Other _____

Verification Result:

___ Free to Reduced

___ Free to Paid

___ Reduced to Free

___ Reduced to Paid

___ No Change

Reason For Eligibility Change:

___ Income

___ Household Size

___ Refused to Cooperate

___ Other _____

Date Adverse Notice Sent: _____

Verification Official's Signature: _____

Approval/Disapproval - 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**

Household Size: _____

___ Foster Child

___ Categorical Eligibility

Total Gross Income: \$ _____

___ Weekly

___ Every 2 Weeks

___ Twice a Month

___ Monthly

___ Annual

Reason for Denial:

___ Income too High

___ Incomplete Application

___ Other (specify) _____

Eligibility:

___ Free

___ Reduced

___ Paid

___ Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Date Dropped/Withdrawn: _____