

# Guide to Processing Free and Reduced Price Meal Applications

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Superintendent of Education

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# Application Requirements

## Requirements for SNAP/FITAP/FDPIR Applications

If a household submits an application that indicates the family receives SNAP (Supplemental Nutrition Assistance, formerly the Food Stamp Program), Family Independent Temporary Assistance Program (FITAP), or Food Distribution Program for Indian Reservations (FDPIR) assistance, the following information must be provided on the application before it can be processed.

1. Name of child
2. SNAP, FITAP, or FDPIR case number
3. Signature of adult household member

This is the only information required from a household receiving SNAP, FITAP, or FDPIR benefits.

# Requirements for Income Applications

If a household submits an application that provides income information such as earnings from wages, social security, etc., the following information must be provided before the application can be processed.

- Names of ALL household members
- Social Security number (SSN) of the adult who signs the application (If the person does not have a SSN, they must indicate this by marking the box next to “I do not have a social security number” on the application.)
- Monthly income (including indication of no income if applicable), by person, by source
- Signature of an adult household member

**NOTE:**

If any of this information is missing, the application cannot be processed. The missing information must be obtained before an eligibility determination can be made.

# Example Applications

The following applications provide examples of some of the more common problems encountered when processing free and reduced price meal applications. The page following each application provides one or more solutions for correcting each problem.

The example applications, which follow, were processed using the current income eligibility guidelines. The Secretary of Agriculture prescribes income eligibility guidelines annually for use by states in establishing eligibility for free and reduced price meals and for free milk. **You must always use the most current income eligibility guidelines when processing applications.**

# Example 1

## Incomplete Social Security Number

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Alice G. Beasley	Jefferson Elementary	5	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Gracie Beasley	\$ ____ / ____	\$ 300/mo.	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Ted Beasley	\$ 500/mo.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Joe Beasley	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
Alice Beasley	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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: Gracie Beasley Print name: Gracie Beasley

Date: 9/16/10

Address: 3030 Oak Lane America,

Phone Number: (225) 322 - 1566

## Beasely Application

**Problem:** The Beasely application cannot be approved because Gracie Beasely did not provide a social security number. The number she provided has five digits instead of nine. Therefore the number is invalid and should be considered missing.

**Solution:** You have three options:

①

You may contact the household either by phone or in writing to obtain Gracie's complete social security number. If the household gives you the social security number on the phone, or sends it to you, enter the number directly on the application in the space for Gracie's social security number. You may want to use a different color pen. Be sure to date and initial any information you write on the application.

**OR**

②

You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

**OR**

③

You may deny the application, following the procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

**Remember:**

An income application cannot be approved until you receive either a complete social security number (SSN) or information indicating that the adult does not have a SSN.

# Example 2

## Missing Social Security Number

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<b>TRACEY M. PADILLA</b>	<b>HARPER VALLEY MIDDLE</b>	<b>8</b>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<b>SOPHIE PADILLA</b>	\$ <b>1050/MO.</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
<b>CANDY PADILLA</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>SUZIE PADILLA</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>TRACEY PADILLA</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 *Sophie Padilla* Print name: **SOPHIE PADILLA** Date: \_\_\_\_\_

  9/16/10  

Address: **911 TIKKI HUT ROAD** Phone Number: **(318) 668-2189**

*Padilla*



## Padilla Application

**Problem:** The Padilla application cannot be approved because there is no social security number. The social security number of the adult who signs the application is required when income is provided on the application.

**Solution:** You have three options:

①

You may contact the Padilla household either by phone or in writing to obtain the missing social security number. If the household gives you the social security number on the phone, or sends it to you, enter the number directly on the application in the space for the social security number. If the household informs you that the adult who signed the application does not have a social security number, you should place a check or an X in the box indicating that the adult signing the application does not have a social security number. This box is next to the area for the social security number. **Be sure to date and initial any information you write on the application.**

**OR**

②

You may return the application to the household to provide the missing information and request that it be returned to the school as soon as possible.

**OR**

③

You may deny the application, following the procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

**Remember:**

An income application cannot be approved until you receive either a complete social security number (SSN) or information indicating that the adult does not have a SSN.

# Example 3

Student Signs the Application



Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>Christopher J. Behrens</i>	<i>Lincoln High</i>	<i>11</i>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>John Behrens</i>	\$ <u>1,000/</u> <u>mo.</u>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
<i>Arlene Behrens</i>	\$ <u>800</u> <u>/mo.</u>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
<i>Chris Behrens</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<i>David Behrens</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>



## Behrens Application

**Problem:** The Behrens application cannot be approved because it does not have an **adult household member's signature and social security number**. The signature on the application is that of Chris Behrens who is a student at Lincoln High School.

**Solution:** You have two options.

①

You may return the application to the household for an adult household member's signature and social security number. You **may not** sign the application for the household.

**OR**

②

You may deny the application, following the procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

**Note:**

The **only** exception to the adult signature requirement occurs when there are no adults living in the household. In such cases, a person under 21 years of age may sign the application. However, the school official should ensure that the person signing the application is eligible to do so.

# Example 4

## Missing Adult Signature

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<b>Gerald L. Smith</b>	<b>St. John Elem</b>	<b>3</b>	<b>670 - 30 - 7333</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 \_\_\_\_\_ Print name: \_\_\_\_\_ Date: **8/27/10**

Address: **2233 Palm Tree Blvd** Phone Number: **(985) 589-8765**

City: **Ray**

State: **LA** Zip Code: **70665**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

## Smith Application

**Problem:** The Smith application cannot be approved because it does not have an adult household member's signature.

**Solution:** You have two options:

①

You may return the application to the household for an adult household member's signature. You **may not** sign the application for the household.

**OR**

②

You may deny the application, following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

**Note:**

The **only** exception to the adult signature requirement occurs when there are no adults living in the household. In such cases, a person under 21 years of age may sign the application. However, the school official should ensure that the person signing the application is eligible to do so.

# Example 5

## Missing Income Information

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Melvin P. Julius	Maple Leaf Elem	4	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Charles Julius	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input checked="" type="checkbox"/>
Scott Julius	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input checked="" type="checkbox"/>
Marlene Julius	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input checked="" type="checkbox"/>
Melvin Julius	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input checked="" type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Scott Julius Print name: Scott Julius Date: 9/9/2010

Address: 6731 Carry Way Phone Number: (225) 769-0998

City: Doucet

State: LA Zip Code: 71514

Social Security Number: 220 - 33 - 4647  I do not have a Social Security Number

## Julius Application

**Problem:** The Julius application cannot be approved because it does not list income by person and by source.

**Solution:** You have three options:

①

You may contact the Julius household either by phone or in writing to obtain the missing income by person and source. As soon as you obtain this information, enter it on the income section of the application next to the appropriate person's name and in the appropriate column. **If a household member has no income, enter "0" or "zero" in the income section or mark the "No Income" box.** Be sure to date and initial any information you write on the application.

**OR**

②

You may return the application to the household. Instruct the household to provide missing information and return it to the school as soon as possible.

**OR**

③

You may deny the application, following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

# Example 6

Missing SNAP or FITAP  
Case Number

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>Heather L. Karritt</i>	<i>Littleton High</i>	9	<b>WE GET FITAP</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**  
 If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 *Marge Karritt* Print name: **MARGE KARRITT** Date: 9/10/10

Address: 4242 Comet Street Phone Number: (504) 766- 9876

City: Pelican

State: LA Zip Code: 74321

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

# Karritt Application

**Problem:** The Karritt application cannot be approved because it does not contain a FITAP case number. The household indicated that it receives FITAP and yet the space for the FITAP number is blank. No income or indication of household size has been provided.

**Solution:**

①

You may contact the Karritt household either by phone or in writing to obtain the FITAP case number. As soon as you obtain the case number, enter it in the appropriate space on the application. **Be sure to date and initial any information you write on the application.**

**OR**

②

You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

**OR**

③

You may deny the application, following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of meal benefits.)

# Example 7

Missing Child's Name

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
[Redacted]	Springville Elementary	3	321-60-3213

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Maggie Houston

Print name: \_\_\_\_\_



# Houston Application

**Problem:** The Houston application cannot be approved because it does not provide the name of the child for whom the application was made. The name of the child is one of the items required on a SNAP or FITAP application.

**Solution:** You have three options:

①

You may contact the Houston household either by phone or in writing to obtain the child's name. As soon as you obtain this information, enter it in the appropriate space on the application. Be sure to date and initial any information you write on the application.

②

You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

③

You may deny the application, following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

# Example 8

Application Contains Case  
Number and Income

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Henry Lasiter	Happy Hill Elem	3	362 - 77- 3011

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Sharon Lasiter	\$ 1,000/mo.	\$ 400/mo.	\$ 700/mo.	\$ ____/____	<input type="checkbox"/>
John Lasiter	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
Henry Lasiter	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Sharon Lasiter Print name: Sharon Lasiter Date: 8/31/10

Address: 3216 Freestyle Drive Phone Number: (225) 545 - 7463

City: Cane State: LA

Zip Code: 70845

Social Security Number: 1 2 3 - 4 5 - 6 7 8 9  I do not have a Social Security Number

# Lasiter Application

**Problem:** The Lasiter application has both a Supplemental Nutrition Assistance Program (SNAP) or FITAP case number and income information. The SNAP or FITAP case number makes the household eligible for free meals. However, the income information makes the household eligible for reduced price meals.

**Solution:**

Whenever a household provides a SNAP or FITAP case number and income information, the application must be approved based on the case number. Disregard the income information. Therefore, the Lasiter household is eligible for free meals.

# Example 9

## Missing Income Information for Foster Child

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>Jeff Williams</i>	<i>Crystal Lake Elem</i>	<i>4</i>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$           .  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 *Carmen Smith*                      Print name: *Carmen Smith*                      Date: *9/10/10*  
 Address: *6731 Elmwood*    Phone Number: *(985) 812-4926 or 812-2911*  
 City: *Patriot*  
 State: *LA*    Zip Code: *71826*  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     I do not have a Social Security Number

## Williams Application

**Problem:** The Williams application cannot be approved because it does not contain any income information. Although this household is applying for meal benefits for a foster child, the application must still contain the **foster child's income information.**

**Solution:** You have two options:

①

You may contact the household by phone or in writing to obtain the child's income information. Remember that you want the income information for the foster child only. **If the foster child has no income, enter "0" or "zero" in the income section or mark the "No Income" box.** Do not leave this section blank. Be sure to date and initial any information you write on the application.

**OR**

②

You may deny the application following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on the denial of benefits.)

# Example 10

## Zero Income

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<b>Thomas Carpenter</b>	<b>Springhill Elem</b>	<b>2</b>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<b>Carol Carpenter</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>Tom Carpenter, Sr.</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>Alice Carpenter</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>Tom Carpenter, Jr.</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<b>Carey Carpenter</b>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 **Carol Carpenter** Print name: **Carol Carpenter** Date: **9/7/10**

Address: **3701 Elm St.** Phone Number: **(985) 226-6226**

City: **South**

State: **LA** Zip Code: **70717**

Social Security Number: **6 3 7 - 3 0 - 2 7 3 1**

I do not have a Social Security Number

# Carpenter Application

**Problem:** The Carpenter application shows that the household has no income.

**Solution:**

## **Zero Income Application**

Whenever a household indicates that it has no income, the application should be approved on a temporary basis for 30 calendar days. After the temporary approval timeline has expired, the household must be contacted to see if there has been any change in their circumstances. If there has been no change, the application should be approved for another 30 calendar days. Continue to follow up with the household based on these timelines until their income situation is resolved, or they receive SNAP or FITAP benefits.

If there has been a change, the application should be processed based on the new information. Write the new information directly on the application in the space provided. **Remember to date and initial any information you write on the application.**

# Example 11

Household Applying for  
Supplemental Nutrition  
Assistance (SNAP, formerly  
the Food Stamp program)  
Benefits

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Sarah A. Lee	Berryville Elem	4	We applied for SNAP

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Suzie Lee Print name: Suzie Lee Date: 9/6/10

Address: 2324 Garig Avenue Phone Number: (225) 278-1240

City: Baton Rouge

State: LA Zip Code: 70808

Social Security Number: 733-37-6767  I do not have a Social Security Number

# Lee Application

**Problem:** The Lee application cannot be approved because it does not contain any income information. The household indicated that it had applied for Supplemental Nutrition Assistance Program (SNAP) benefits.

**Solution:** You have 3 options:

①

You may contact the Lee household either by phone or in writing to obtain the household size and income information. If the household gives you this information by phone or sends it to you, enter the information directly on the application in the appropriate spaces. Process the application based on this information. **Be sure to date and initial any information you write on the application.**

**OR**

②

You may return the application to the household. Instruct the household to provide missing information and return it to the school as soon as possible.

③

You may deny the application following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

**NOTE:** If the household has been approved for SNAP or FITAP benefits, write the case number in the appropriate space on the application and approve the household for free meals.

# Example 12

## Missing Household Members' Names

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>James D. Ritter</i>	<i>Squirrel Ridge Elem</i>	<i>3</i>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ <u>800</u> / <u>mo</u>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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.



## Ritter Application

**Problem:** The Ritter application cannot be approved because the names of all household members are not listed. It is important that all household members and any income be listed for eligibility to be determined.

**Solution:** You have three options.

①

You may contact the Ritter household either by phone or in writing to obtain the names of the household members and any income. Be sure the income information is listed next to the correct household member's name, or the "No Income" box is marked, if applicable. The eligibility of the household cannot be determined until this information is received. **Be sure to date and initial any information you write on the application.**

**OR**

②

You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

**OR**

③

You may deny the application, following procedures required by program regulations. (See pages 57 – 58 of this manual for guidance on denial of benefits.)

# Example 13

Household Expects Less  
Income

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>John Vang</i>	<i>Mill Creek Elem</i>	<i>4</i>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>Chris Vang</i>	\$ ____ / ____	<i>\$ 2,000<sub>1</sub> mo. *</i>	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
<i>Allison Vang</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<i>John Vang</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<i>*We expect \$100 less per</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
<i>month Starting 10/5/10</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ <i>49</i> / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>



# Vang Application

**Problem:** The Vang application shows that the household is currently eligible for reduced price meals. However, the application indicates that a reduction in income is expected in the next month. This decrease in income would make the Vang household eligible for free meals.

**Solution:**

When a family notes on an application that it is expecting a change in income or family size, the application must be approved for the category for which they are currently eligible. Based on the current income, the household should be approved for reduced price meal benefits.

Follow up with the household after the date that the income change is expected. If no date is given, follow up in about 30 days from the date of the application. If the income has changed, obtain the new income information and re-process the application. **Be sure to initial and date any change in information you write on the application.**

# Example 14

Household Expects Increase  
in Family Size



Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Brett W. Simpson	Gardenia Elementary	5	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Gregory Simpson	\$ 3,000 / mo.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Alice Simpson	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
Brett Simpson	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
* New baby expected soon	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Alice Simpson Print name: Alice Simpson

Date: 9/7/10

Address: 6100 Lamar St.



## Simpson Application

**Problem:** The Simpson application indicates that the household size will change soon because Mrs. Simpson is expecting a baby.

### **Solution:**

①

The Simpson application must be processed based on the present household size. Based on the household's current circumstances, the household must be denied benefits at this time.

②

You may follow up with the household in 30 days to determine whether the household size has increased. If so, get the new information and re-process the application based on this information. **Be sure to initial and date any information you write on the application.**

### **Note:**

This procedure should be followed any time a change in household size is expected.

# Examples 15, 16, and 17

## Income Conversion Problems

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Fred A. Whipple	Reilly High	9	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Sally Whipple	\$ 500 / wk	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Amy Whipple	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
Rex Whipple	\$ 700 / mo	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Fred Whipple	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Sally Whipple Print name: Sally Whipple Date: 9/6/10

Address: 3067 West St. Phone Number: (337) 555-3611 or 670-3211

City: Acadia

State: LA Zip Code: 74444

Social Security Number: 322 - 22 - 4637

# Whipple Application

**Problem:** The Whipple application has income reported for both weekly and monthly time periods. The income must be converted into one time period before it can be processed.

**Solution:**

①

In order to process the Whipple Application, all income must be converted into annual (yearly) income. To convert the weekly income to an annual figure, you will need to multiply the weekly income by 52.

$$\$500.00 \times 52 = \$26,000.00 \text{ per year}$$

②

To convert the monthly income to an annual figure, you will need to multiply the monthly income by 12.

$$\$700.00 \times 12 = \$8,400.00$$

③

Add the two yearly incomes together to get the total annual income.

$$\$26,000.00 + \$8,400.00 = \$34,400$$

④

Write the total annual income directly on the application. **Be sure to initial and date any information you write on the application.**

Now the application can be processed based on the total annual income. The Whipple household will qualify for reduced meals.



Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
<i>Cheryl A. Ferguson</i>	<i>Clark Elementary</i>	<i>6</i>	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>Rochelle Ferguson</i>	<i>\$ 550 / bi-monthly</i>				<input type="checkbox"/>
<i>Bob Ferguson</i>	<i>\$ 300 / weekly</i>				<input type="checkbox"/>
<i>Cheryl Ferguson</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
<i>Merle Ferguson</i>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>



# Ferguson Application

**Problem:** The Ferguson application has income reported both weekly and bi-monthly (twice a month). All income must be converted into annual (yearly) income before it can be processed.

**Solution:**

①

Multiply the bi-monthly (twice a month) income by 24.

$$\$550.00 \times 24 = \$13,200.00$$

②

Multiply the weekly income by 52.

$$\$300.00 \times 52 = \$15,600.00$$

③

Add the two figures together.

$$\$13,200.00 + \$15,600.00 = \$28,800$$

④

Write the total monthly income directly on the application. **Be sure to initial and date any information you write on the application.**

Now the application can be processed based on the total annual income. The Ferguson child will qualify for reduced price meals.

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.
Brent Christopher	USA High	12	

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Keith Christopher	\$ 316 / wk	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Brent Christopher	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
Cindy Christopher	\$ 607 / 2 wks	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Shelly Christopher	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input checked="" type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 Keith Christopher Print name: Keith Christopher Date: 9/10/10

Address: 111 1<sup>st</sup> Street Phone Number: (225) 278 - 4120

City: Baton Rouge

State: LA Zip Code: 70814

Social Security Number: 4 3 4 - 2 1 - 3 1 3 7  I do not have a Social Security Number

## Christopher Application

**Problem:** The Christopher application has income reported both weekly and every two weeks. The income must be converted into annual (yearly) income before an eligibility determination can be made.

**Solution:**

①

Multiply the weekly income by 52.

$$\$316 \times 52 = \$16,432.00$$

②

Multiply the income every two weeks by 26.

$$\$607 \times 26 = \$15,782.00$$

③

Add the two figures together.

$$\$16,432.00 + \$15,782.00 = \$32,214.00$$

④

Write the total annual income directly on the application. **Be sure to initial and date any information you write on the application.**

Now the application can be processed on the basis of annual income. The Christopher child will qualify for reduced price meals.

# Denying Applications

# When You May Deny an Application

- The application submitted by a household does not contain all of the required information.
- The household may provide missing information after you deny an application. You must then re-process the application based on the new information.

# When You Must Deny an Application

- An application submitted by a household does not contain all of the required information and you have been unsuccessful in obtaining the information from the household.
- The household's income is above the limits of the income eligibility guidelines for free and/or reduced price meals.

# Written Notification of Decrease in Benefits

When you deny an application you **MUST** promptly notify the household. This notification ***MUST BE IN WRITING***. The notice sent to the household must contain the following:

- The reason for the denial of benefits, e.g., the income is too high
- Notification of the right to appeal
- Instructions on how to appeal
- A statement that the family may re-apply for free and reduced price benefits at any time during the school year.

## **Remember!**

A household may reapply for benefits **at any time** during the school year.

## **Sample Notification Letter**

This guide provides an example of a notification letter (see Appendix C). Please note that notification letters ***MUST BE SENT*** to households who have been denied benefits.

# Appendix A: Free and Reduced Price Meals Family Application

**2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDIPIR case # for any member of the household. If you list a case #, skip to Part 5.

**Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income. You must tell us how much and how often**

1. Name (List everyone in household)	2. Gross income and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 5. 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 also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on back of page.)  
*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: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

Choose one or more (regardless of ethnicity):

- Asian  American Indian or Alaska Native  
 White  Native Hawaiian or other Pacific Islander  
 Black or African American

Choose one ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

**LaCHIP**

**No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP):** Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

\_\_\_\_\_ I do not want school officials to share information from my free and reduced-price meals application with La CHIP.

Please sign here: X \_\_\_\_\_  
Signature of Parent/Guardian Date

**\*SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

**Privacy Act Statement: This explains how we will use the information you give us.**

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 (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.

**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."

**Don't fill out this part. 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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix B: Instructions for Applying

# INSTRUCTIONS FOR APPLYING

## ***A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.***

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP** (THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FORMERLY THE FOOD STAMP PROGRAM), **FITAP OR FDPIR** (THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

**Part 1:** List child(ren)'s name, school, grade, and the case number for any household member (including adults) receiving **SNAP**, **FITAP** or **FDPIR** benefits.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**LACHIP:** Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, FITAP OR FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List child(ren)'s name, school and grade.

**Part 2:** Check the appropriate box.

**Part 3:** Skip this part.

**Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

**Part 5:** Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

**Part 6:** Answer this question if you choose to.

**LACHIP:** Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**Part 1:** Use a separate application for each foster child. List the child's name, school and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any. If the child has no income, check the "No Income" box.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**LACHIP:** Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List child(ren)'s name, school and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members, including children listed in Part 1. For any person, including children, with no income, you must check the "No Income" box.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer if you choose.

**LACHIP:** Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

# Appendix C: Sample Meal Benefits Notice

## Notice to Households of Approval/Denial of Benefits

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

_____	_____
_____	_____
_____	_____

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ \_\_\_\_\_ for lunch, \$ \_\_\_\_\_ for breakfast, and \$ \_\_\_\_\_ for snacks
- Denied for the following reason(s):
- Income over the allowable amount
  - Incomplete application because \_\_\_\_\_
  - Other \_\_\_\_\_

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Sincerely,  
**[signature]**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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.

# Appendix D: Letter to Households

Dear Parent/Guardian:

*Children need healthy meals to learn. [Name of School] offers healthy meals every school day. Breakfast costs [\$]; lunch costs [\$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$] for breakfast and [\$] for lunch.*

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, phone number]**.
2. **Who can get free meals?** All children in households receiving benefits from SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program), FDPIR (the Food Distribution Program on Indian Reservations) or **FITAP**, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free meals?** If you haven't been told your children will get free meals, please call or e-mail **[school, homeless liaison or migrant coordinator information]** to see if they qualify.
4. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.
6. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number, e-mail]**.
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
14. **We are in the military. do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-888-LAHELPU (1-888-524-3578)**.

If you have other questions or need help, call **[phone number]**. Si necesita ayuda, por favor llame al teléfono: **[phone number]**. Si vous voudriez d'aide, contactez nous au numero: **[phone number]**.

Sincerely, **[signature]**

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