

Check this box if you received free or reduced meals last year.

Mt Baker School District #507 PO Box 95, Deming, WA 98244 (360) 383- 2024 or (360) 383-2065

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
 SCHOOL YEAR 2009-10**

**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	Case # of Basic Food or TANIF or FDPIR. Per child Skip to Part 5 if you list Basic Food or TANF

**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 #383-2000** 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 income: \$ \_\_\_\_/how often \_\_\_\_\_. Skip to Part 5.

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

1. Name (everyone in household)	2. Gross income ---before deductions. Please list whether income is received monthly, twice a month, every two weeks, or weekly.				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"/>

**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**

Signature of Adult Household Member _____		Date _____
Printed Name of Adult Household Member _____	Mailing Address _____ City _____ State _____ Postal Code _____	
Social Security Number _____ - _____ - _____	<input type="checkbox"/> I do not have a Social Security Number	Phone Number _____

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

Mark one or more racial identities: \_\_\_\_\_ Mark one ethnic identity: \_\_\_\_\_

- Asian                       American Indian or Alaska Native                       White                       Hispanic or Latino  
 Black or African American    Native Hawaiian or Other Pacific Islander    Other                       Not Hispanic or Latino

**DO NOT 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 \_\_\_\_\_ Household Size: \_\_\_\_\_ Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_ Temporary: \_\_\_\_\_ Expires: \_\_\_\_\_

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

**“Do you need free health insurance for your children? Please check this box if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Please do not check the box if you already receive a medical coupon. For more information call WAHA (Whatcom Alliance for Healthcare Access) @ 788-6594. For these purposes only, I waive my confidentiality.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

REDUCED GUIDELINES					
HouseholdSize	Yearly	Monthly	Twice Per Month	Every two weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional household member add	+6,919	+577	+289	+267	+134

**Privacy Act Statement: This explains how we may 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 Basic Food, 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.

**“This institution is an equal opportunity provider”**

**SCHOOL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		<input type="checkbox"/> Not Confirmed <input type="checkbox"/> Confirmed <input type="checkbox"/> Basic Food/TANF Office <input type="checkbox"/> Notice of Eligibility
Response Due From Household		
Second Notice Sent		

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_ Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_

