

Re: National School Lunch Program FY09

Here is the link to the NEW Free/Reduced Lunch applications for 2008-9. <http://www.ade.az.gov/health-safety/cnp/nslp/parentforms/2008-2009/Step2-7.doc>. You will notice a check box in Part 3 to note Homeless, Migrant, or Runaway. Also, at the bottom "For School Use Only" section, there is box to check for "Temp.Free – homeless/migrant/runaway (30 days)" This is to allow students to receive free meals until you, as the Liaison, are able to make an eligibility determination and provide written documentation to your Food Services Department.

So, the procedure for foodservice usually is:

- 1) Receive a household application that has homeless/migrant/runaway box checked.
- 2) Foodservice contacts liaison and request documentation supporting homeless/migrant/runaway claim.
- 3) Foodservice provides free meals to student while waiting for supporting documentation (this time is not to exceed 30 calendar days)
- 4) If a letter is provided by the liaison supporting the claim, students status goes to Free and is provided meals at no cost for the remainder of the school year unless new information is provided by the household.
- 5) If a letter is not provided by the liaison or the 30 calendar days expires before documentation is received, the student stops being provided Free meal benefits and usually alternative eligibility information is attempted to be obtained.

Please note that all students who participated in the National School Lunch Program (NSLP) last school year (2007-8), and have documentation on file supporting this, are eligible for those same benefits for the first 30 operating days in the current school year (2008-9). Within that 30 operating day period, new documentation proving eligibility must be collected to continue providing benefits. In the case of homeless/migrant/runaway students this documentation includes a letter from you (the Liaison). Because the required letter from the Liaison may not arrive to the foodservice department immediately, USDA allows for a 30 day temporary free status to be provided to any student who checks the homeless/migrant/runaway box on the application while the foodservice is waiting for the liaison letter . This temporary free status may or may not be necessary depending on if they already have benefits from last year and are just waiting for a new liaison letter, or if liaison already has information about the student and can provide documentation immediately.

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# 2008-2009 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			Part 2. Food Stamp/ Cash Assistance/ FDPIR Case Number For EACH Student	
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child(ren) have a Case Number please <b>ENTER BELOW</b> for each student. Skip to Part 6.	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	

**Part 3. 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 4. 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 6.**

**Part 5. Total Household Gross Income —You must report *HOW MUCH* and *HOW OFTEN***

1. Name (List <b>everyone</b> in household including children in school)	2. Check if <b>NO</b> Income	3. <b>GROSS INCOME</b> and <b>HOW OFTEN</b> it was received							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income	
		How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often
	<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 6. Signature and Social Security Number (Adult MUST sign)**  
An adult household member must sign the application. If Part 5 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.*

**Must Sign here:**  \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

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

**Address:** \_\_\_\_\_ **APT#** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Part 7. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:

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

Mark one ethnic identity:

Hispanic or Latino     Not Hispanic or Latino

**Don't fill out this part. This is for school use only.**     **Error-Prone**     **Directly Certified – Attach to match result**

*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:** \_\_\_\_\_

Case # Application    **Eligibility:**  Free,  Reduced,  Denied -- Reason: \_\_\_\_\_    **Date Withdrawn:** \_\_/\_\_/\_\_

Temp. Free – Zero Income (45 days)     Temp. Free – homeless/migrant/runaway (30 days)    **Temporary Free Expires:** \_\_/\_\_/\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_    Date Notice Sent: \_\_/\_\_/\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_     Selected for Verification (see attachment)

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

<b>FEDERAL INCOME CHART</b>			
For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	\$19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	+6,660	+555	+129

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**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 Food Stamp Program, Cash Assistance (CA) 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.

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**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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.