Fairfax County Public Schools

2009-2010 Confidential Household Application for Free and Reduced Price Meals

2791295522

Complete ONE APPLICATION per Household in Blue or Black Ink

Please read all the instructions before completing the application. NOTE: FAILURE TO COMPLETE ENTIRE APPLICATION WILL DELAY PROCESSING. Call (703) 813-4800 if you need help completing this form.

Part 1. Print Name(s) of all Child(ren) that attend a Fairfax County Public School on Part 1. Include Birthdate(s), grade(s), and Name of School. (Use a separate application for each foster child)

Office Use Only Student ID #	Print Name of all Children attending Fairfax County Public Schools Last Name / First Name / MI	Student's Birthdate M M / D D / Y Y	Grade	School Name	List SNAP or TANF case number.

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

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

Part 3. Is this a Foster Child who is the legal responsibility of the courts? If this is a foster child, check here ☐ and write the child's monthly "personal use" income here: Write "0" if the child has no personal use income. Do NOT complete Part 4. Complete Parts 5 and 6. $ ____ .00

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 3 or if you did not list a SNAP or TANF case number in Part 1). List all other household members.

Names of all Other Household Members Do Not Complete if this is a foster child, or if you listed a SNAP or a TANF case number in Part 1. Names in Part 1 and Part 4 must add up to Household Size. List all adults and other children in household. Do not include students listed in Part 1 or Foster children.	Age	Check If No Income	List Gross Income in whole dollars (income before any deductions). Darken the circle to show how often income is received. (W) = Weekly (E) = Every 2 Weeks (T) = Twice a Month (M) = Monthly Earnings from Work Before Deductions, or Strike Benefits, Unemployment, Worker's Compensation: Job 1	Job 2	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Any Other Income
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)
		☐	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)	$ (W)(E)(T)(M)

OFFICE USE ONLY Household Size ____

Part 5. Other Benefits: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

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

Part 6. SIGNATURE & SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved. (See Privacy Act Statement on instructions.) PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

☐ I do not have a Social Security Number

X _____ Signature

Parent/Guardian First Name _____ Parent/Guardian Last Name _____ Social Security Number ___ - ___ - ____

Date Signed / / _____ Address _____ Apt # _____ City _____ VA State _____ Zip _____ ( ) Home Phone _____ ( ) Work Phone _____

Non-discrimination Statement: 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.

Return application in the pre-addressed envelope to: Office of Food and Nutrition Services, Fairfax County Public Schools, 6840 Industrial Road., Springfield, VA 22151