

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

To apply for free or reduced price meals, complete **ONLY ONE application for ALL children in the household who are in school** using the following instructions. Sign the application and return it to: Office of Food and Nutrition Services, Fairfax County Public Schools, 6840 Industrial Rd., Springfield VA 22151. Call (703) 813-4844 if you need help.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

- Print the names of all children in the household who are in school.
- List the birthdate (MM/DD/YY), the grade, the school and the student's school ID#, if known, for each child.
- List a current food stamp or TANF case number for each child. This number is in your approval letter. **If you list a food stamp or TANF number you do not need to list names of household members or income. SKIP Part 4. COMPLETE Parts 5 & 6**
- Sign the application in Part 6. An adult household member must sign Part 6 and provide a social security number or check the box if they do not have one.

PART 2 - Check the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PARTS 5 & 6.

A foster child is the legal responsibility of a welfare agency or court.

- List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. **Skip Part 4.** Do not list any other children, household members, or income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.
- A foster parent or other official representing the child must sign the application in Part 6. **Use a separate application for each foster child.**

PART 4- ALL OTHER HOUSEHOLDS WITHOUT A FOOD STAMP OR TANF NUMBER LISTED IN PART 1, including WIC households, MUST COMPLETE PARTS 4, 5, & 6.

- Write the names of everyone in your household, whether they get income or not. DO NOT include students listed in Part 1. Include yourself, all children who are **NOT** in school, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- Write the amount of income each household member got **last month, before taxes or anything else is taken out, and how often it was received.** For example, list the gross income each person earned from work. The amount should be listed on your pay stub. This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount darken the circle to show how often the person received it. If any amount **last month** was more or less than usual, write that person's usual income.
- An adult household member must sign the application in Part 6 and give his/her social security number or check the box if they don't have one.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

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

Names of all Other Household Members	Age	Check If No Income	List Gross Income in Rounded 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	Other Income					
Do Not Complete if this is a foster child, or if you listed a food stamp 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 or Foster children listed in part 1.			Earnings from Work Before Deductions Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income from Self-Owned Business or Farm		Welfare, Child Support, Alimony Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments		Pensions, Retirement, Social Security Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security		Disability Benefits, Cash Withdrawn from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income			
(Example) <i>Jane Smith</i>	42	<input type="checkbox"/>	Job 1	Job 2								
			\$ <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)	\$ <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)	\$ <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)	\$ <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)	\$ <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)	\$ <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="radio"/> (W) <input type="radio"/> (E) <input type="radio"/> (T) <input type="radio"/> (M)				

PART 5 – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 5 on the application. To obtain meal benefits, you are not required to complete this section.

PART 6 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 6.

- The application must have the signature of an adult household member.
- The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, they must check the box I do not have a Social Security Number.
- If you listed a food stamp or TANF number for each child or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's food stamp, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, or TANF office to determine current certification for food stamps, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal and state laws, and local education, health, and nutrition programs.

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, disability or retaliation. If you require this information in alternative format (Braille, large print, audiotape) contact the USDA TARGET Center at (202) 720-2600 (voice or TDD). To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call toll free (866) 632-9992. TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.