

**Wicomico County School District**  
**School Year 2007-2008**  
**FREE AND REDUCED PRICE MEALS FAMILY APPLICATION**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. For assistance please call your child's school and ask for help with the free and reduced-price meals application (410) 677-4545.

<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	Food Stamp or _____ case # (if any). <b>Skip to Part 5 if you list a Food Stamp or _____ case #</b>

<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 #)</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
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<b>PART 3 FOSTER CHILD</b> If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.
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<b>PART 4 TOTAL HOUSEHOLD GROSS INCOME - You must tell us how much and how often</b>					
1. Names of Household Members (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
Example: Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<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"/>

<b>PART 5 SIGNATURE AND SOCIAL SECURITY NUMBER (Adult must sign)</b>		
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.		
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER (     )
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER (     )
<input type="checkbox"/> I do not have a Social Security Number.		
Please sign here: X _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature of Adult Household Member</span> <span>Date</span> </div>		

<b>PART 6 CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional)</b>		
<u>Mark one or more racial identities:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other _____		<u>Mark one ethnic identity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

# Wicomico County School District

<b>Federal Income Chart</b>			
Effective from July 1, 2007 to June 30, 2008			
Household Size	Yearly	Monthly	Weekly
1	\$18,889	\$1,575	\$364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional member add:			
	+6,438	+537	+124

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

**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, \_\_\_\_\_ (\_\_\_\_\_) 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

**SFA APPROVAL/DENIAL**

- Food Stamp/\_\_\_\_\_/FDPIR Household
- Income Household
- Foster Child

Total Household Monthly Income \$ \_\_\_\_\_

Total Household Size \_\_\_\_\_

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Date Temporary Approval Expires \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date

**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"/> Food Stamp/_____ Office <input type="checkbox"/> Notice of Eligibility
Response Due from Household			
Second Notice Sent			

MONTHLY 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 _____	