

Date Withdrew \_\_\_\_\_

F \_\_\_\_ R \_\_\_\_ D \_\_\_\_

**2017-2018 Application for Free and Reduced Price School Meals**

Complete only **one application per household** to apply for free/reduced priced meals for your children. List any additional student names on a separate sheet of paper. Instructions for completion are on the back of this application. Call 631-930-1510 for assistance. Return the **complete and signed** application to your child's school, or mail/drop off to: West Islip School District, Food Service Department, 100 Sherman Ave., West Islip, NY 11795.

**Part 1: List all children in your household who attend school:**

Student Name	School	Grade/Teacher	Foster Child	Homeless, Migrant, Runaway
			<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"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. SNAP/TANF/FDPIR Benefits:** If anyone in your household receives SNAP, TANF or FDPIR benefits, list their name and CASE number. Then skip to Part 4, and sign the application.

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

**Part 3. Report income for ALL household members (skip if you completed Part 2).** List all household members not listed in Part 1 - even if the household members do not receive income. Include yourself and children with income. For each household member listed, report total income from each source in whole dollars. If a household member does not receive income from a source, write '0'. If you enter '0' or leave a field blank, you are certifying (promising) that there is no income to report.

Name of Household Member	Earnings from work (before deductions) Amount/How Often	Child Support, Alimony Amount/How Often	Pensions, Retirement Payments Amount/How Often	Social Security, Other Income Amount/How Often	No Income
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<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"/>

Total Number of Household Members (Children and Adults): \_\_\_\_\_

Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_  I do not have a social security number

When completing Part 3, an adult household member must provide the last four digits of their Social Security Number, or mark the "I do not have a social security number" box before the application can be approved.

**Part 4. Signature: An adult household member must sign this application before it can be approved.**

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable state and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Part 5. Ethnicity & Race (optional):** Responding to this section does not affect your children's eligibility for free/reduced price meals.

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

**Annual Income Conversion (only convert when multiple income frequencies are reported on application)**

*weekly x 52; every two weeks (bi-weekly) x 26; twice per month x 24; monthly x 12*

SNAP/TANF/Foster

Income Household: Total Household Income/How often \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals **complete one application for your household** using the instructions below. Sign the application and return the completed application to your child's school, or mail/drop off to: West Islip School District, Food Service Department, 100 Sherman Ave., West Islip, NY 11795. If you have a foster child in your household, you may include them on the application - a separate application is not needed. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application. Call the West Islip School District's Food Service Department at 631-930-1510 for assistance.

### **PART 1: ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

1. Print the names of the children, including foster children, for whom you are applying on one application.
2. List their school, grade level and teacher name (if known) for 2017-2018.
3. Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

### **PART 2: HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

1. List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
2. An adult household member must sign the application in PART 4. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number (PART 3).

### **PART 3: HOUSEHOLDS NOT RECEIVING SNAP, TANF OR FDPIR MUST COMPLETE PART 3 AND PART 4.**

1. Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from (ex. earnings, welfare, pensions and other income). If the current income was more or less than usual, write that person's usual income. Specify how often this amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any childcare provided or arranged, or any amount received as payment for such childcare or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
3. Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
4. The application must include the last four digits only of the social security number of the adult who signs Part 4, if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.
5. An adult household member must sign the application in PART 4.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

**USE OF INFORMATION STATEMENT:** Use of Information Statement: 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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other 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 Supplemental Nutrition Assistance Program (SNAP), 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.

### **DISCRIMINATION COMPLAINTS**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.