

Pittsylvania County Schools
2017-2018 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. Children in School List ALL children in the household who attend Pittsylvania County Schools.

	LAST NAME	FIRST NAME	M.I	GRADE	SCHOOL	FOSTER CHILD **
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>

** If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: _____ SNAP or TANF Case Number (Do not use 16 digit EBT card number): (Case number is 7-9 digits)

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator.

Homeless Migrant Runaway

Complete Parts 1, 4, 5, 6, and 7.

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the child(ren) in school listed above. List gross income (before any deductions) and tell us how often it was received.

Names of all Household Members [Include the children in school above] Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.	Age	List Gross Income before any deductions. Write in how often income is received. Use the following: (W) = Weekly (2WK) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly				
		Earnings from Work Before Deductions <small>Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm</small>		Welfare, Child Support, Alimony <small>Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments</small>	Pensions, Retirement, Social Security <small>Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security</small>	All Other Income <small>Disability Benefits, Cash from Savings, Interest/Dividends, Income from Estates/Trusts/Investments Regular contributions from persons not in the household, Net Royalties/ Annuities/Net Rental Income, Any Other Income</small>
		Job 1 \$ Amount/How Often	Job 2 \$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often
EXAMPLE: Jane Doe	32	\$ 1800 / 2M	\$ 0 /	\$ 0 /	\$ 0 /	\$ 0 /
1.		\$ /	\$ /	\$ /	\$ /	\$ /
2.		\$ /	\$ /	\$ /	\$ /	\$ /
3.		\$ /	\$ /	\$ /	\$ /	\$ /
4.		\$ /	\$ /	\$ /	\$ /	\$ /
5.		\$ /	\$ /	\$ /	\$ /	\$ /
6.		\$ /	\$ /	\$ /	\$ /	\$ /
7.		\$ /	\$ /	\$ /	\$ /	\$ /
Total Household Members <input type="checkbox"/> <input type="checkbox"/> (Children and Adults)						

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

Ethnic Identities: Choose one of the following: Hispanic or Latino Not Hispanic or Latino

Racial Identities: Choose one or more of the following racial identities (in addition to ethnicity):

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

Part 6. 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 6B. OTHERS: Your permission is required for the school to use this information for other benefits. Yes, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up the rights to confidentiality for this specific purpose(s) only.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX- I Do Not Have A Social Security Number

SIGN HERE

Last four digits of Social Security Number of Adult Signing Application

Signature of Adult Household Member

Date

Mailing Address:

Home Phone:

City:

Zip Code:

Work Phone:

DO NOT WRITE BELOW LINE- OFFICE USE ONLY

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: \$ _____ / _____ HOUSEHOLD SIZE _____ SNAP TANF Foster Child Other: _____

Approved FREE Approved REDUCED DENIED - Reason: Income Too High Incomplete Application

Date Approval/Denial Notice Sent To Household:

Signature of Approving Official:

Transferred/Withdrawn Date:

Transferred To:

VERIFICATION SUMMARY - Date Selected:

Date of Confirmation Review:

Reviewer's Initials:

Confirmation Result:

Date Response Due:

Date of 2nd Notice:

Date Verification Results Notice Sent:

Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid

Reason for Change: Income Household Size Refused to Cooperate SNAP/TANF Eligibility

Date: _____ Verifying Official's Signature: _____

Pittsylvania County Schools

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

To apply for free or reduced price meals, **complete one application for ALL children in the household who are in school** using the following instructions. Sign the application and return to any school in the division **or** mail to Pittsylvania County Schools, Attn. School Nutrition, P. O. Box 232, Chatham, VA 24531. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

If you do not receive written eligibility notification within 10 days of submitting your application, please contact the school nutrition office at 434-432-2761 Ext 5042.

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

- Part 1: List all children in school. Include the school and grade for each child who is in school.
Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.
Parts 3 & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all children in school. Include the school and grade for each child who is in school.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.
Part 4: Complete this part. See instructions for All Other Households, Part 4, below.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

If **all** children in the household are foster children:

- Part 1: List all foster children in school. Include the school and grade for each child who is in school. Check the box for each child indicating the child is a foster child.
Parts 2, 3, & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

If one or more children in the household are foster children and other children in the household are not foster children:

- Part 1: List all children in school. Include the school and grade for each child who is in school. Check the "Foster Child" box for each child who is a foster child.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1-3: Name:** List all household members **include the students listed in Part 1**. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. **You must tell us how often the money is received** – weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income, not the take-home pay**. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do **not** include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

- Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all children in school. Include the school and grade for each child who is in school.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1-3: Name:** List all household members include the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. **You must tell us how often the money is received** – weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income, not the take-home pay**. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do **not** include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

- Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

Privacy Act 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, 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 adult household member who signs the application. The last four digits of the social security number are 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.

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, audiotape, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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. This institution is an equal opportunity provider.