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FIRST STATE MONTESSORI ACADEMY

SY 2019-20 APPLICATION FOR SCHOOL MEAL BENEFITS

Definition of **Household Member**: “Anyone who is living with you and shares income and expenses,
even if not related.”

Children in **Foster care**and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

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 **School Name (Indicate N/A if**

**STEP 1**

**List ALL Household Members who are infants, children, and students up to and including grade 12** (if more spaces are required for additional names, attach another sheet of paper)

**STEP 2**

**Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?** Circle one: Yes / No

**If you answered NO** > Complete STEP 3.

**If you answered YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

Write only one case number in this space.

**STEP 3**

**Report Income for ALL Household Members** (Skip this step if you answered ‘Yes’ to STEP 2)

How often?

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here. If none of the children earn income, indicate by putting N/A in the box.

Child income

**$**

How often?

How often?

How often?

Name of Adult Household Members (First and Last)

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**Total Household Members (Children and Adults)**

**Check if no SSN**

“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 applicable State and Federal laws.”

Apt #

Daytime Phone and Email (optional)

 **child is not attending school)**

 Weekly Bi-Weekly 2x Month Monthly

Earnings from Work

Before Deductions

 Weekly Bi-Weekly 2x Month Monthly

Check all that apply

**MI**

**Child’s Last Name**

 Weekly Bi-Weekly 2x Month Monthly

 Weekly Bi-Weekly 2x Month Monthly

 Weekly Bi-Weekly 2x Month Monthly

[ ] Please read **How
to** **Apply for Free
and Reduced Price School Meals** for more information.
The **Sources of Income for Children** section will help
you with the **Child Income** question. The **Sources of Income for Adults** section
will help you with the **All Adult Household Members** section.

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

Pensions/Retirement/
SSI/All Other Income

**X X X**

**X X**

Today’s date

Signature of adult completing the form

**Contact information and adult signature**

Printed name of adult completing the form

Street Address (if available)

**STEP 4**

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

Zip

State

City

Public Assistance/
Child Support/Alimony

**Child’s First Name**

Homeless, Migrant, Runaway

Foster Child

Student?

Yes No

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**DE State Children’s Health Insurance Program**

**STEP 5**

❒ NO! I DO NOT want information from my Free and Reduced Price Application shared with Medicaid or the State Children’s Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.

**FSMA Specific Programs: N/A**

**Do NOT fill out this part. This is for school use only**

**Children's Racial and Ethnic Identities**

[ ] [ ] **OPTIONAL**

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

**Ethnicity (check one):**

 **Race**

 **(check** **one or more)**

❒ Native Hawaiian or Other Pacific Islander ❒ Black or African American ❒ Asian ❒ White

❒ American Indian or Alaskan Native

❒ Hispanic or Latino ❒ Not Hispanic or Latino

 If income frequencies vary, use the Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_\_\_\_\_\_\_\_ Per: ❑ Week, ❑ Biweekly, ❑ Twice a Month, ❑ Month, ❑ Year Household size: \_\_\_\_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifying Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (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:

mail: U.S. Department of Agriculture

 Office of the Assistant Secretary for Civil Rights

 1400 Independence Avenue, SW

 Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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 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.

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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.