

## INSTRUCTIONS FOR APPLYING (Multi-Child)—2012–2013

### INSTRUCTIONS FOR HOUSEHOLDS:

- Part 1:** List each child's name, name of the school and check the box if the child is a foster child, the grade and their Eligibility Group Number for SNAP or TANF (if any). **Optional (Last Four Digits of the Child's Social Security Number, Student I.D. or Date of Birth).** Foster children no longer need to be on a separate application.
- Part 2:** If a child in your household is homeless, migrant or runaway, check the appropriate box and call the school's administrative offices at the telephone number provided.
- Part 3:** Follow these instructions to report last month's household income.
- Column 1—Name:** List the last, first and middle initial of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.
- Column 2—Income and how often it is received:** For each person who receives income, write the amount received and how often it is received—weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).  
*Employment Income:* List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your employer can tell you.
- Other Income:* List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.
- Column 3—Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she doesn't have one. The adult household member signing the form prints their name, home phone number, work phone number and mailing address.

### 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 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.

**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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**MULTI-CHILD FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION FOR 2012-2013**

**Carroll Independent School District**

<b>Part 1. Children in School</b>				
Names of all children in school (Last, First, Middle Initial)	School Name	Last 4 digits of Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
Check box if a foster child (legal responsibility of welfare agency or court)				
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 you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

<b>Part 2. Homeless, Migrant or Runaway</b>
If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's administrative offices at ( ) - . <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

**Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)**

1. Name. (List everyone in household, including students listed in Part 1.)	2. Income and how often it is received. How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								3. Check if NO Income
	Earnings from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
<i>Example: Smith, Jane B.</i>	\$200	W	\$50	E					<input type="checkbox"/>
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" 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.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_  I do not have a Social Security Number.

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do not fill out this part. For school use only.**

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ SNAP/TANF: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Meal Eligibility: Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Reviewing Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Temporary approval of an application is no longer applicable because of the year-long duration of eligibility.

**MULTI-CHILD FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION FOR  
20112-2013—CONTINUATION SHEET**

<b>Part 1. Children in School – continuation sheet</b>				
<b>Names of all children in school (Last, First, Middle Initial)</b>  Check box if a foster child (legal responsibility of welfare agency or court)	<b>School Name</b>	<b>Last 4 digits of Social Security #, Student I.D. or Date of Birth (OPTIONAL)</b>	<b>Grade</b>	<b>Eligibility Group # for SNAP or TANF (if any)</b>
7. <input type="checkbox"/>				
8. <input type="checkbox"/>				
9. <input type="checkbox"/>				
10. <input type="checkbox"/>				
11. <input type="checkbox"/>				
12. <input type="checkbox"/>				

<b>Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)</b>									
<b>1. Name.</b> (List everyone in household, including students listed in Part 1.)	<b>2. Income and how often it is received.</b> How Often = Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)								<b>3. Check if NO Income.</b>
	<b>Earnings from work before deductions</b>	<b>How Often</b>	<b>Welfare, child support, alimony</b>	<b>How Often</b>	<b>Pensions, retirement, Social Security</b>	<b>How Often</b>	<b>Other</b>	<b>How Often</b>	
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13.									<input type="checkbox"/>
14.									<input type="checkbox"/>
15.									<input type="checkbox"/>
16.									<input type="checkbox"/>
17.									<input type="checkbox"/>
18.									<input type="checkbox"/>

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