

# LAPWAI SCHOOL DISTRICT #341 - ELEMENTARY & HIGH SCHOOL

## 2009-2010 APPLICATION FOR FREE OR REDUCED-PRICE SCHOOL MEALS

YOU MUST FILL OUT A NEW APPLICATION EACH SCHOOL YEAR

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Please contact Ann Munstermann, School Food Service Supervisor, at the following number if you need help: 843-2241 Ext: 311.

<b>1</b>	<b>STUDENT INFORMATION - Please print.</b> <i>Please enter below, ALL Students that are enrolled in the Lapwai School District.</i>	<b>2</b>	List the <b>FOOD STAMP, TAFI, or FDPIR</b> case number for each child, if any. Skip Parts 3 & 4 and complete Part 5.
	NAME                                      GRADE                                      NAME OF SCHOOL		FOOD STAMP NUMBER                      TAFI/FDPIR NUMBER
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

**3 FOSTER CHILD:**                       Check box if applying for a foster child. Complete a separate application for each foster child.

List the child's monthly personal use income. Write "0" if the child has no personal use income. \$

Skip Part 4 and complete Part 5. A social security number is not required for foster parents.

**4 HOUSEHOLD MEMBERS AND INCOME:** List all members not listed above. If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.

	NO INCOME	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income	
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

**5 SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.

**SOCIAL SECURITY NUMBER\***

**□ □ □ - □ □ - □ □ □ □**

X \_\_\_\_\_  
Signature of Adult Household Member

I do not have a Social Security Number

Printed Name of Above Signature \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Street/Apt. Number \_\_\_\_\_ P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Signed \_\_\_\_\_

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

**6 RACE/ETHNIC IDENTITY - OPTIONAL**

**MARK ONE OR MORE RACIAL IDENTITIES:**

AMERICAN INDIAN OR ALASKA NATIVE

WHITE

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

ASIAN

OTHER

**MARK ONE ETHNIC IDENTITY:**

HISPANIC OR LATINO

NON HISPANIC OR LATINO

\*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, TAFI, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY**

<b>ANNUAL INCOME CONVERSION:</b> Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____		<b>DENIED:</b> <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other
<b>TEMPORARY APPROVAL FOR:</b> <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____	<b>APPROVED FOR:</b> <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> _____ _____ WITHDRAWAL DATE	<b>VERIFICATION RESULTS:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason)
Signature of Determining Official: X _____		Signature of Verifying Official: X _____
Date Sent: _____	Date Notice Sent: _____	Date 1st Notification Sent: _____
		Date 2nd Notification Sent: _____