

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION Newwaygo Public Schools 2010-2011

Part 1 - Foster Child Yes Child's spending money per month \$_____. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**
Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

Part 2 - ___ Homeless ___ Migrant ___ Runaway **Only list the child's name, grade and school in Part 4.**
If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)
If yes, you **MUST** list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____
*** Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers**

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.												
Names (Last, First)	Grade <small>(if applicable)</small>	Building Name <small>(if applicable)</small>	Circle if NO Income	Earnings from Work <small>(before any deductions and taxes)</small>			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security			All Other Income		
					weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
Example: Doe, Jane			\$0	\$600	monthly					\$250	monthly				
1			\$0												
2			\$0												
3			\$0												
4			\$0												
5			\$0												
6			\$0												
7			\$0												

Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)
If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a social security number box". (See Privacy Act Statement on the back of this 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 child may lose benefits and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ **I do not have a Social Security Number**

<small>Address</small>	<small>City</small>	<small>Zip Code</small>	<small>County</small>
<small>Home/Cell Phone</small>	<small>Work Phone</small>	<small>Email Address</small>	<small>By providing your email address you may be notified via e-mail of your eligibility for free and reduced price school meals.</small>