

HOUSEHOLD APPLICATION FOR REDUCED-PRICE & FREE SCHOOL MEALS ■ SCHOOL YEAR 2011 – 2012

To apply for reduced-price or free meals for your children be sure to read “Instructions to Households / Income To Report” and then complete, sign, and return this form to the school. If you need assistance with this form, phone 780-1412.

Juneau School District ■ Allow up to ten (10) working days to process this application.

PART 1. All Household members

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members <i>(First, Middle Initial, Last)</i>	School Name for Each Child	Grade	Foster Child	Check if approved for PFD in 2010	Check if approved for PFD in 2011
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. Benefits

If any member of your household receives [State SNAP] OR [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. *If NO ONE receives these benefits, skip to Part 3.*

Name: _____ Case Number: _____

PART 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box.

Homeless Migrant Runaway

PART 4. Total Household Gross Income. You must tell us how much and how often.

Name (List ALL Adults and children in the household with income.)	Gross income (before taxes & deductions) and how often it was received (<i>Annual; Weekly; Every 2 Weeks; Twice A Month or Monthly</i>)			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - Jane Smith</i>	<i>\$199.99/ Weekly</i>	<i>\$149.99/ Every 2 weeks</i>	<i>\$99.99 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form must also list the last four digits of their Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on reverse.)

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: _____ Home Number: _____ Work/Cell Number: _____

Print name: _____ Date: _____ Address: _____

Last four digits of Social Security Number: * * * *- * * - _____

I do not have a Social Security Number

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Total Household Number: _____

PFD Year: ____ \$ _____ (PFD annual)

TOTAL Annual Income: \$ _____

Error Prone: YES ____ / NO ____

PART 6. Children’s Ethnic and Racial Identities (Optional)

Choose one ethnicity: _____ | Choose one or more (regardless of ethnicity): _____

- Hispanic/Latino
- Not Hispanic/Latino

- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- White

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 (USDA) policy, the Juneau School District is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, DC 20250-9410 or phone (800) 795-3272 or (202) 720-6382 (TTY).
▪ The Juneau School District is an equal opportunity provider and employer. ▪

→ Two-sided Document – Complete Reverse Side Also ←