

**FORT KNOX COMMUNITY SCHOOLS
2009-2010 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD**

Office Use Only

To apply for free or reduced meals and other school benefits for your child, carefully complete, sign and return this application to the school or the Food Service office at Central Office. If you need help with the application please call 624-2345 ext. 10 or 17. A new application is needed every year. Prior year families have 30 school days to submit a new application. If after 30 days no new application is on file students will be converted back to full price.

Part 1. Children. Please list ALL children living in the house whether they are school age or not. (Use a separate application for each foster child.)

LEGAL LAST NAME	LEGAL FIRST NAME	AGE	GRADE	SCHOOL	FOOD STAMP or K-TAP CASE NUMBER (if applicable)	Student ID # (school use only)
1						
2						
3						
4						
5						
6						

If you are getting FOOD STAMPS or K-TAP for your child(ren), list the case number(s) above. DO NOT complete Parts 2, 3, or 4. Go to Part 5.

Part 2. If this is a **FOSTER CHILD**, who is the legal responsibility of the courts, **check here** and write the child's monthly "personal use" income here: \$ _____. Write "0" if the child has no personal use income. **DO NOT complete Part 3. Go to Part 4.**

Part 3. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 2 or if you did not list a Food Stamp or K-TAP case number in Part 1.) List **gross** income before any deductions (BASE PAY + BAS) and **how often**

Names of Household Members List all other household members NOT listed above Do Not Complete if this is a Foster Child, or if you listed a Food Stamp or K-TAP case number in Part 1.	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly				
	Earnings from Work <u>Before</u> Deductions, BASE PAY + BAS	Welfare, Child Support, Alimony Coming INTO the house	Pensions, Retirement, Social Security	All Other Income Received	Check if No Income
	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often	<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"/>
8	/	/	/	/	<input type="checkbox"/>

Part 4. RACIAL IDENTITIES: You are not required to answer this question. Please mark one or more of the following racial identities:

American Indian / Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

ETHNIC IDENTITIES: Please mark one of the following ethnic identities: Hispanic or Latino Not Hispanic or Latino

Part 5. OTHER BENEFITS: Medicaid & Health Insurance: We may share your information with Medicaid or the Kentucky Children's Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line. _____

Part 6. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide a social security number before it can be approved. (See Privacy Act Statement on back.)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp or K-TAP number is correct or that all income is reported. I understand that this is information being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

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SPONSOR'S Social Security #

SPONSOR'S Rank

Signature of Adult Household Member

Printed Name of Adult Household Member

Mailing Address: _____ City/State/ Zip Code: _____ Phone #: _____

Email Address: _____

DO NOT WRITE BELOW THIS LINE – SCHOOL USE ONLY – *Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported:* Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

Total Income / How Often: \$ _____ / _____ Household Size: _____	Approved: <input type="checkbox"/> Free <input type="checkbox"/> Reduced	<input type="checkbox"/> Temp. Free, Expires: _____	Denied <input type="checkbox"/> Denied Reason: <input type="checkbox"/> Income too High <input type="checkbox"/> Incomplete Application	<input type="checkbox"/> Food Stamp <input type="checkbox"/> K-TAP <input type="checkbox"/> Foster Child	Date Approval / Denial Notice Sent to Household: _____ Signature of Approving Official: _____
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STUDENT TRANSFER INFORMATION: Transferred / Withdrawn Date: _____ Transferred To: _____

VERIFICATION SUMMARY: Date Selected: _____ Date Confirmed: _____ Confirmers Initials: _____	Date Response Due: _____ Date of 2 nd Notice: _____ Date Results Notice Sent: _____	Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid	<input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Change in Food Stamp / TANF	Date Completed: _____ Verifying Official's Signature: _____
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INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete **one application for ALL children in the household** using the following instructions. *Sign the application* and return the application to the school or to the Food Service office at Central Office. Call the Food Service office at 624-2345 ext. 10 or 17 if you need help.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the names of all children in the household.
2. List the grade, and the school. If not enrolled in school, write N/A. Please include children in college.
3. List a current food stamp or K-TAP case number for each child. This number is in your approval letter. **If you list a food stamp or K-TAP number you do not need to list names of household members or income. No social security number is needed if a food stamp/K-TAP case number is provided. These households should SKIP Part 3 and COMPLETE Parts 4, 5, & 6.**
4. **All households must sign the application in Part 6.** Income households must provide the social security # of the military sponsor.

PART 2 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 2 AND PART 4. *A foster child is the legal responsibility of a welfare agency or court.*

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. **Skip Part 3.** Do not list any other children, household members, or income.
2. A foster parent or other official representing the child must sign the application in Part 6. No social security number is required. Use a separate application for each foster child.

PART 3- ALL OTHER HOUSEHOLDS WITHOUT A FOOD STAMP OR K-TAP NUMBER IN PART 1, including WIC households, or who did not complete Part 2, MUST COMPLETE PARTS 3, 4, 5 & 6.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, your spouse, grandparents, and other related people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member received (include BASE pay & BAS) before taxes or anything else is taken out, **and** how often it was received. For example, list the gross income each person earned from work. The amount should be listed on your LES/ pay stub. This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount write how often the person received it.
3. An adult household member must sign the application in Part 6 and give the military sponsor's social security number.

PART 4 - RACIAL/ETHNIC IDENTITY:

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

PART 5 – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 5 on the application. To obtain meal benefits, you are not required to complete this section.

PART 6 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 6.

1. SIGN HERE. The application must have the signature of an adult household member.
2. The application must have the social security number of the military sponsor. If you listed a food stamp or K-TAP number for each child, or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's food stamp, or K-TAP case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or K-TAP office to determine current certification for food stamps, or K-TAP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member 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. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal and state laws, and local education, health, and nutrition programs.

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, disability or retaliation. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call toll free (866) 632-9992. TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.