

FORT KNOX COMMUNITY SCHOOLS

HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS 2008/2009

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call 624-6311 ext. 10 or 17. A new application is needed every year, if you received K-TAP or Food Stamps last year, no new application is required. 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 status.

Part 1 – Student Information				ONE APPLICATION PER FAMILY		FOSTER CHILD INFO. ONLY	
NAMES OF CHILDREN First Name, Last Name (please list all children living in the house whether they are school age or not)	GRADE (2008/2009 school year)	SCHOOL ATTENDING (2008/2009 school year)	K-TAP or Food Stamp Case Number (If you receive both, list K-TAP Case Number)	Foster Child (X)	Child's Personal use Income		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

ALL OTHER HOUSEHOLDS

PART 2 – LIST ALL HOUSEHOLD MEMBERS	GROSS MONTHLY INCOME BEFORE DEDUCTIONS			
	If you did not write a Food Stamp or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application			
NAME OF ALL ADULTS AND OTHER HOUSEHOLD MEMBERS (even if they are not employed)	Earnings from work (BEFORE deductions) BASE+BAS PAY	Welfare Payments, Child Support, Alimony coming INTO the house	Pensions, Retirement, Social Security	All Other Income Received
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or K-TAP case number is reported correctly. 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.

<p> X _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER</p> <p>X _____ Printed Name of Adult Household Member</p> <p> X _____ Mailing Address/Apt. Number</p>	<p> X _____/ SPONSOR'S Social Security Number Rank</p> <p>X _____ Home Telephone # / Work Telephone #</p> <p> X _____ City/State/Zip Code</p> <p style="text-align: center;">_____ Email Address</p>
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PART 4 – Medicaid or K-CHIP Benefits – This section does not need to be completed to receive free or reduced price meals.

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 below. **NO**

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

PART 5 - RACE AND ETHNICITY: (You are not required to answer this question.)

Please check all categories that apply to the racial identity of your children. No child will be discriminated against because of race, color, sex, national origin, age or disability.

ETHNICITY: (Choose one)

- Hispanic or Latino
- Not Hispanic or Latino

RACE: (Choose one)

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

PRIVACY ACT NOTICE: The 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 social security number of the adult household member who signed the application unless (1) you are applying for a foster child or (2) you list a Food Stamp or K-TAP number for your child or (3) when the adult who signed the application does not have a social security number. We will use the information to determine if your child is eligible for free or reduced price meals and for the operation and enforcement of the breakfast and lunch programs. We may share this eligibility information with (1) education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs; (2) auditors for program reviews; and (3) law enforcement officials to help them investigate violations of program rules.

FOR SCHOOL USE ONLY—DO NOT WRITE BELOW THIS LINE

ELIGIBILITY DETERMINATION

Total Household Size: _____ Total Income: \$ _____ Monthly Annual or Food Stamp/K-TAP

Eligibility Determination: Approved Free Approved Reduced Price Denied Temporary Approval

Reason for Denial: Income Too High Incomplete Application Other (Reason) _____

Notification made by: Telephone (time/person) _____ In Person Email/Mail

Date Notice Sent: _____ Signature of Determining Official _____ Date: _____

VERIFICATION

Selection Method: <input type="checkbox"/> Random <input type="checkbox"/> Focused <input type="checkbox"/> 100% <input type="checkbox"/> Other	Date Selected for Verification: _____ Response Due from Households: _____ Second Response Sent: _____	<input type="checkbox"/> Food Stamp/K-TAP Eligibility <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp/K-TAP Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> Notification Card, Issued	<input type="checkbox"/> Income \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other
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Verification Results: No Change Ineligible Free to Reduced Price Reduced Price to Free

Reason for Eligibility Change: Income Household Size Refused to Cooperate Other _____

Date Adverse Notice Sent: _____ Date Change: _____ Signature of Verifying Official: _____ Date: _____