

# CAMP LEJEUNE DEPENDENTS SCHOOLS 2011-12 FREE & REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

## Part 1. Children in School including foster children

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Foster Child <small>(Check if the child is considered as a legal responsibility of welfare agency or court) NOTE: If all children listed are foster children, skip to Part 5.</small>
			<input type="checkbox"/>

## Part 2. Benefits: FNS, FDPIR or TANF/Work First

If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp Program), FDPIR or TANF/Work First, 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. Homeless, Migrant, Runaway Children

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the Child Nutrition Central Office at 910-451-2447.

Homeless  Migrant  Runaway

## Part 4. Total Household Gross Income — You must tell us how much and how often

1. Name <small>(List the names of EVERYONE in household including the students listed above.)</small>	2. Gross income and how often it was received. (Use exact income including cents.) <small>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</small>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income	
<i>(Example)</i> Jane Smith	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$75.00 per month	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on 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 children may lose meal benefits, and I may be prosecuted.*

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last four digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_  I do not have a Social Security Number.

## Part 6. Children's Ethnic and Racial Identities (optional)

Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other Pacific Islander

### FEDERAL INCOME CHART

Effective For School Year July 1, 2011 - June 30, 2012

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

#### PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

The Richard B. Russell 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food and Nutrition Services (FNS, formerly known as the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**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 policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## Do not fill out this part. This is 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
Total Income: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year	Household Size: _____			
Categorical Eligibility: _____		Date Withdrawn: _____		Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____	
Temporary: Free _____ Reduced _____		Time Period: _____ (expires after _____ days)			
Determining Official's Signature: _____			Date: _____		
Confirming Official's Signature: _____		Date: _____		Verifying Official's Signature: _____ Date: _____	

# INSTRUCTIONS FOR APPLYING

## A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

**If your household receives benefits from Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDPIR, or gets TANF/Work First, follow these instructions:**

- Part 1.** List child(ren)'s name, school name, and grade.
- Part 2.** List the name and case number for any household member receiving FNS, FDPIR and TANF/Work First. *Note:* The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly known as The Food Stamp Program) case number, contact your local Department of Social Services to get the number.
- Part 3.** Skip this part.
- Part 4.** Skip this part.
- Part 5.** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 6.** Answer this question, if you choose.

**If no one in your household receives benefits from Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDPIR, or gets TANF/Work First, and if any child in your household is homeless, a migrant or runaway, follow these instructions:**

- Part 1.** List child(ren)'s name, school name, and grade.
- Part 2.** Skip this part.
- Part 3.** If any child you are applying for is homeless, a migrant or a runaway, check the appropriate box and call the Child Nutrition Central Office at 910-451-2447.
- Part 4.** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
- Part 5.** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
- Part 6.** Answer this question, if you choose.

**If you are applying for a foster child, follow these instructions:**

**If all children in the household are foster children:**

- Part 1.** List child(ren)'s name, school name, and grade and check the box indicating that the child is a foster child.
- Part 2.** Skip this part.
- Part 3.** Skip this part.
- Part 4.** Skip this part.
- Part 5.** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6.** Answer this question, if you choose.

**If one or more of the children in the household are foster children:**

- Part 1.** List child(ren)'s name, school name, and grade and check the box indicating that the child is a foster child.
- Part 2.** If the household does not have a case number, skip this part.
- Part 3.** If any child you are applying for is homeless, a migrant, or a runaway, check the appropriate box and call the Child Nutrition Central Office at 910-451-2447. If not, skip this part.
- Part 4.** Follow these instructions to report total household income from this month or last month.
  - **Box 1 — Name:** List all household member names.
  - **Box 2 — Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received — weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from FNS, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - **Box 3 — Check If No Income:** If the person does not have any income, check the box.
- Part 5.** Adult household member must sign the form and list the last four digits of his/her Social Security Number (or mark the box if he/she doesn't have one).
- Part 6.** Answer this question, if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1.** List each child's name, school name, and grade and check foster child, if applicable.
- Part 2.** If the household does not have a case number, skip this part.
- Part 3.** If any child you are applying for is homeless, a migrant, or a runaway, check the appropriate box and call the Child Nutrition Central Office at 910-451-2447. If not, skip this part.
- Part 4.** Follow these instructions to report total household income from this month or last month.
  - **Box 1 — Name:** List all household member names.
  - **Box 2 — Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received — weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from FNS, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - **Box 3 — Check If No Income:** If the person does not have any income, check the box.
- Part 5.** Adult household member must sign the form and list the last four digits of his/her Social Security Number (or mark the box if he/she doesn't have one).
- Part 6.** Answer this question, if you choose.

### INCOME TO REPORT

**EARNINGS FROM WORK**

- Basic Pay Before Deductions
- Wages/Salaries/Tips
- Strike Benefits
- Unemployment Compensation
- Workman's Compensation
- Net Income from Self-Owned Business or Farm

**PENSIONS/RETIREMENT SOCIAL SECURITY**

- Pensions
- Supplemental Security Income
- Retirement Income
- Veterans Payments
- Social Security

**WELFARE/CHILD SUPPORT**

- ALIMONY**
- Public Assistance Programs
- Welfare Payment
- Alimony/Child Support Payments

**OTHER INCOME**

- Disability Benefits
- Cash Withdrawn from Savings
- Interest/Dividends
- Income from Estates/Trusts and/or Investments
- Regular Contributions from Persons Not Living in Household
- Net Royalties/Annuities/Rental Income

**IMPORTANT:** For the duration of Operation Enduring Freedom, deployed service members should be counted as a part of the household. In addition, only that portion of the deployed service member's income made available by him/her to his/her family should be counted as income to the household.

\* **DO NOT** INCLUDE YOUR HOUSING ALLOWANCE OR MILITARY COMBAT PAY AS INCOME.