

2010-2011 Application for Child Nutrition Program Benefits

Important! Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per foster child OR household. Return completed application to school.

A. HOUSEHOLD MEMBERS						GROSS INCOME BEFORE ANY DEDUCTIONS						
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in <Enter Sponsor's Name.>			Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly					
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work			Other Regular Income		Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
							Amount	Circle Frequency	Amount	Circle Frequency		
1. <input type="checkbox"/>						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
2.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>	

B. ADULT HOUSEHOLD MEMBER INFORMATION – Refer to the Privacy Act Statement on the reverse side of this application.

Print Name _____ Daytime Phone _____ Evening Phone _____

Address, City, State, Zip _____ Email _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Social Security Number (SSN) _____ OR write NONE if you have no SSN Date _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Application Type (check one)

- Total Household Income: \$ _____ Household Size: _____
 Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly
- Food Assistance or TAF or FDPIR
- Foster Child – Annual personal use income: \$ _____

Application Status

- Approved..... Free OR Reduced Price
 Temporarily Approved... Free OR Reduced Price Expires On: _____
 Denied..... Income over allowed amount Incomplete/missing:

Notes: _____

Determining Official's Signature: _____

Approval/Denial Date: _____

Notification Date: _____

Processor's Initials: _____

Confirming Official's Signature (ONLY for applications to be verified): _____

Review Date: _____