

# HALL COUNTY APPLICATION FOR MEALS AT SCHOOL AND OTHER BENEFITS 2024-2025

Dear Parent/Guardian:

Children need healthy meals to learn. **Hall County School District** offers healthy meals every school day. Breakfast costs \$1.10 in elementary and \$1.35 in middle/high; lunch costs \$1.95 in elementary and \$2.05 in middle/high. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions.

## 5 REASONS FOR COMPLETING Free & Reduced Applications ONE MEAL APPLICATION AFFECTS MANY AREAS!

 <p><b>1</b></p>	 <p><b>2</b></p>	 <p><b>3</b></p>	 <p><b>4</b></p>	 <p><b>5</b></p>
<p><b>INCREASED FUNDING TO SUPPORT STUDENT EDUCATION</b></p>	<p><b>ADDITIONAL FUNDING FOR TECHNOLOGY AND INTERNET ACCESS</b></p>	<p><b>DISCOUNTS FOR FEES ASSOCIATED WITH COLLEGE APPLICATION PROCESSES</b></p>	<p><b>DISCOUNTED FEES FOR SAT, ACT &amp; AP TESTS. SCHOLARSHIP OPPORTUNITIES</b></p>	<p><b>FREE OR REDUCED MEAL PRICES FOR HEALTHY, NUTRITIOUS STUDENT MEALS</b></p>

Your child's approved eligibility for free or reduced-price meals at school may provide additional benefits for other services available to students in the school district. Examples of these benefits may include college entrance exams or fees offered at no cost or at a reduced cost; certain hearing or vision tests, discounted internet service, ACT, SAT exam fees waived or offered at a reduced cost to students. If you are interested in sharing your child's approved eligibility with school district administrators please check the sharing eligibility boxes on the application form. No other information is shared, **only the approved eligibility. Be assured that the information on the meal application is kept confidential.** Additionally, keep the eligibility notification letter you receive after the meal application has been processed, as it may be used for additional benefits during the school year.

If you have any questions or need help, call **Valerie English 770-534-1080 ext 10223.**

Sincerely,

*Cheryl Jones*

Hall County School Nutrition Director

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from Georgia SNAP or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children **MAY qualify for free OR reduced-price meals** if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025			
Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	9,953	830	192

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Hall County HOPE Program, Homeless Liason 770-967-5846, or Migrant Education Program at 770-534-9123.**
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your youngest child's school nutrition manager.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Valerie English 770-534-1080, [Valerie.english@hallco.org](mailto:Valerie.english@hallco.org)** immediately.
- CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://schoolmeals@hallco.org> to begin or to learn more about the online application process. Contact **Valerie English 770-534-1080, [Valerie.english@hallco.org](mailto:Valerie.english@hallco.org)** if you have any questions about the online application.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 13, 2024**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Eric Radich 770-534-1080, [eric.radich@hallco.org](mailto:eric.radich@hallco.org)**
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact **Valerie English 770-534-1080, [Valerie.english@hallco.org](mailto:Valerie.english@hallco.org)** to receive a second application.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Georgia SNAP or other assistance benefits, contact your local assistance office or call 1-877-423-4746.

If you have other questions or need help, call **Valerie English 770-534-1080 ext 10223.**

This institution is an equal opportunity provider

# How To Apply For Free And Reduced-Price School Meals 2024-2025

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Hall County School Systems. The application must be filled out completely to determine the eligibility your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Hall County School Nutrition at [valerie.english@hallco.org](mailto:valerie.english@hallco.org) or 770-534-1080.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

<b>STEP 1: List ALL children, infants, and students up to and including grade 12</b>			
Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.			
<b>Who should I list here?</b> When filling out this section, please include ALL members in your household who are:			
<ul style="list-style-type: none"> <li>• Children age 18 or under AND are supported with the household's income;</li> <li>• In your care under a foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;</li> <li>• Students attending (<u>regardless of age</u>) Hall County School System.</li> </ul>			
<b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or second application if completing electronically) with all required information for the additional children.	<b>B) Is the child a student?</b> If "Yes", write the grade level of the student in the "Grade" column to the right.	<b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b> , go to <b>STEP 4</b> . <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to <b>STEP 3</b> . Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place or their parent or guardian.	<b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u> Homeless, Migrant, Runaway <u>status must be confirmed</u> with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. <u>You may choose to provide income information now</u> in order to prevent the school from needing to contact you later.
<b>STEP 2: Do any household members currently participate in SNAP, TANF, OR FDPIR?</b>			
<b>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</b>			
<ul style="list-style-type: none"> <li>• The Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• The Food Distribution Program on Indian Reservations (FDPIR)</li> </ul>			
<b>A) If no one in your household participates in any of the above listed programs:</b>	<b>B) If anyone in your household participates in any of the above listed programs:</b>		
<ul style="list-style-type: none"> <li>• Check "No" <b>STEP 2</b> and go to <b>STEP 3</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Hall County DFACS at 1-877-423-4746.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>		
<b>STEP 3: List ALL household members and income for each member</b>			
<b>How do I report my income?</b>			
<ul style="list-style-type: none"> <li>• Use the lists titled "<u>Sources of Income for Adults</u>" &amp; "<u>Examples of Income for Children</u>," on the back side of the application form to determine if your household has income to report.</li> <li>• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.             <ul style="list-style-type: none"> <li>○ Gross income is the total income received <b>before</b> taxes and deductions.</li> <li>○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.</li> </ul> </li> </ul>			

**STEP 3: List ALL household members and income for each member**

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

**3.A. Report income earned by children**

**List all income earned or received by children.** List the combined gross income for ALL children listed in **STEP 1** in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

**3.B. Report income earned by adults**

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, children, and students already listed in **STEP 1.**

**1) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1.

**2) List earnings from work.** List all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted. **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary. **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.  
If a child is listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

**3) List income from public assistance/child support/alimony.** List all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**4) List income from pensions/retirement/all other income.** List all income that applies in the “Pensions/Retirement/All Other Income” field on the application. **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

**5) List total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no Social Security Number.”

**STEP 4: Contact information and adult signature**

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.**

**A) Provide your contact information.** Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**C) Return completed form to your youngest child’s School Nutrition Manager**

**D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (*Check one*):  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino  
 Race (*Check one or more*):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-priced meals. We can only approve complete forms.** We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, mark "Check if no Social Security Number." Applications for foster child do not need to list Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some Children qualify for free meals without an application. Please contact your school to get free meals for a foster child and children who are homeless, migrant, or runaway.

**Return completed form to your child's school.**

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

FAX: (833) 256-1665  
 (202) 690-7442

or EMAIL: program.intake@usda.gov

**\*Do not mail applications to this address, only complaints of discrimination**

This institution is an equal opportunity provider.

**Do not fill out For School Use Only**

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	Check how often			
	Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Size

Categorical Eligibility

Eligibility

Determining Official's Signature  Date

Confirming Official's Signature  Date

Verifying Official's Signature  Date

2024-2025 Household Application for Free and Reduced-Price School Meals

Apply online: <https://schoolmeals.hallco.org>

Application #

Complete one application per household. Please use a pen (not a pencil).

Return to Hall County School Nutrition

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits.

This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student ID# (optional)	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
	<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"/>				<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"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: SNAP, TANF or FDIPIR?

If NO > Go to STEP 3.  If YES > Write a case number here then go to STEP 4 and DO NOT complete STEP 3.

Case # (Not EBT Number):

Write only one case number in this space

**STEP 3** Report Income for ALL Household Members (Skip this step if your answered "YES" to STEP 2)

Please see application's back for a list of income sources.

**A. Child Income**

Sometimes children in the household earn or receive income.

Please include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income

\$

Check how often			
Weekly	Bi-Weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income.

For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only.

If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report

Adult Household Members First and Last Name	Earnings from Work	How often received?				Public Assistance/ Child Support/ Alimony	How often received?				Retirement/ Pension/All Other Income	How often received?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

X X X - X X -

Check if no SSN

**STEP 4** Contact Information and adult signature. Return Completed Form to your youngest child's school nutrition manager.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)  City  State  Zip  Daytime Phone and Email (optional)

Printed Name of Adult Signing the Form  Signature of Adult  Today's Date

Please initial on the lines or line below if you would like to share your child's eligibility status only with Student Services:

- Testing coordinators, guidance counselors to potentially qualify for reduce priced college entrance exams
- School nurses to potentially qualify for free hearing/vision exams

\*Failing to initial for the consent listed will not affect eligibility for or participation in the Child Nutrition Program.

Office Use Only.