

## INSTRUCTIONS FOR APPLYING

### **If your household gets FOOD STAMPS OR DE-TANF, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or DE- TANF case number next to each child receiving Food Stamps/DE-TANF benefits.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6 and Part 7:** Answer the questions if you choose to.

**HOMELESS, MIGRANT, RUNAWAY child(ren)/families: Complete Part 1 and Part 2. Check the appropriate box. Skip to Part 5 and contact Howard Guidance Office at 571-5420.**

### **If you are applying for a FOSTER CHILD, or a child who is the legal responsibility of a Public Assistance/State Agency or Court or a DSCYF Agency care follow these instructions:**

**Part 1: Use a separate Meal Benefit Form for each foster child.** List the child's name, school, and grade.

**Part 2:** Check the box in this section.

**Part 3:** Complete for Foster Child(ren)

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6 and Part 7:** Answer the questions if you choose to. Check appropriate box.

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

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from Public Assistance, child support, alimony, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Check the appropriate box if you choose to.

**Part 7:** Answer this question if you choose to.

# HOWARD HIGH SCHOOL OF TECHNOLOGY

## SY 2008-2009

### FREE AND REDUCED PRICE SCHOOL MEALS FAMILY MEAL BENEFIT FORM

**Part 1. Children in School (Use a separate Meal Benefit Form for each FOSTER child)**

Names of all children in school (First, Middle Initial, Last)	Site/School Name	Grade	Food Stamp or DE-TANF case # (if any). <b>Skip to Part 5 if you list a Food Stamp or DE-TANF case # FOR EACH CHILD LISTED!</b>

**Part 2. If the child you are applying for is Homeless, Migrant, or a Runaway check the appropriate box and call the Howard Guidance Office at 571-5420** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this Meal Benefit Form is for a child who is the legal responsibility of DSCYF or DSCYF Agency/ a Ward of the Court/ or the State, check this box  Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us the gross income amount of each person in the household and how often it is received. For household members receiving no income, please check NO income in box #3.**

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Public Assistance child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example) Jane Smith</i>	<i>(Example) \$200/weekly</i>	<i>(Example) \$150/weekly</i>	<i>(Example) \$100/monthly</i>	\$ ____ / ____	<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"/>

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the Form. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this Form 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6.  NO! I DO NOT want information from my Free and Reduced Price Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.**

**Part 7. Children's racial and ethnic identities (optional)**

Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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DO NOT MARK IN THIS SECTION FOR SCHOOL USE ONLY!!

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

Total Annual Income: \_\_\_\_\_ 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: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>FEDERAL INCOME CHART</b>			
For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	\$19,240	\$1,604	\$ 370
2	\$25,900	\$2,159	\$ 499
3	\$32,560	\$2,714	\$ 627
4	\$39,220	\$3,269	\$ 755
5	\$45,880	\$3,824	\$ 883
6	\$52,540	\$4,379	\$1,011
7	\$59,200	\$4,934	\$1,139
8	\$65,860	\$5,489	\$1,267
Each additional person:	+\$6,660	+\$555	+\$129

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**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 Meal Benefit Form. 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 signs the Meal Benefit Form. The social security number is not required when you apply on behalf of a foster child or you list a 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 Meal Benefit Form 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.

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**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, gender, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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