

Part 6 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: _____ (optional)
 ___A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.
 ___B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (optional)

Check one or more racial identities: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ White ___ Native Hawaiian or Other Pacific Islander ___ Other	Check one ethnic identity: ___ Hispanic or Latino ___ Neither Hispanic nor Latino
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Privacy Act Information: Social Security Number

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Verification - This is for school use only

Date Selected for Verification: _____ Confirming Official's Signature: _____ Response Due from Household: _____ Date Follow-up/Second Notice: _____ Follow-up Official's Signature: _____	Sample Selection: ___ Standard Basic ___ Alternate-Random ___ Alternate-Focused
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FAP/FIP Eligibility: ___ Not Confirmed Confirmed: ___ Department of Human Services ___ Notice of Eligibility	Income \$ _____ ___ Weekly ___ Every 2 Weeks ___ Twice a Month ___ Monthly ___ Annual	___ Wage Stubs ___ Written Documents ___ Collateral Contact ___ Agency Records ___ Other _____	Verification Result: ___ Free to Reduced ___ Free to Paid ___ Reduced to Free ___ Reduced to Paid ___ No Change
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Reason For Eligibility Change: ___ Income ___ Household Size ___ Refused to Cooperate ___ Other _____	Date Adverse Notice Sent: _____ Verification Official's Signature: _____
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Approval/Disapproval - This is for school use only

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

Household Size: _____ Total Gross Income: \$ _____ ___ Weekly ___ Every 2 Weeks ___ Twice a Month ___ Monthly ___ Annual	___ Foster Child ___ Categorical Eligibility	Reason for Denial: ___ Income too High ___ Incomplete Application ___ Other (specify) _____
Eligibility: ___ Free ___ Reduced ___ Paid ___ Temporary Free- Time Period: _____ (expires after _____ days)		

Determining Official's Signature: _____ Date: _____	Date Dropped/Withdrawn: _____
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