

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 to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 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.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION:	WEEKLY X 52	EVERY 2 WEEKS X 26	TWICE A MONTH X 24	MONTHLY X 12
TOTAL HOUSEHOLD SIZE _____	MONTHLY INCOME _____	FOOD STAMP _____	TANF/WFFA _____	
ELIGIBILITY DETERMINATION:	APPROVED FREE _____	APPROVED REDUCED _____	DENIED _____	
REASON FOR DENIAL:	INCOME TOO HIGH _____ INCOMPLETE APPLICATION _____ OTHER: _____			
CHANGE IN STATUS _____		DATE WITHDRAWN _____	REASON _____	
SIGNATURE OF DETERMINING OFFICIAL _____	DATE _____	SIGNATURE OF CONFIRMING OFFICIAL _____	DATE _____	

VERIFICATION DATE VERIFICATION NOTICE SENT _____ RESPONSE DUE FROM HOUSEHOLD _____ SECOND NOTICE SENT _____

VERIFICATION RESULT:

NO CHANGE _____ FREE TO REDUCED PRICE _____ FREE TO PAID _____ REDUCED PRICE TO FREE _____ REDUCED PRICE TO PAID _____

REASON FOR ELIGIBILITY CHANGE:

INCOME _____ HOUSEHOLD SIZE _____ REFUSED TO COOPERATE _____ CHANGE IN FOOD STAMP/TANF/WFFA _____
 OTHER _____ DATE "NOTICE OF CHANGE" SENT TO PARENT/GUARDIAN _____

SIGNATURE OF VERIFYING OFFICIAL _____ DATE _____