

## **FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET**

When filling out the application form, please pay careful attention to these helpful hints.

### **Food Stamp/TANF/FDPIR number:**

This must be the complete number supplied to you by the agency including all numbers and letters, for example, E 123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your number or contact them for your number. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers.

### **Direct Certification:**

If you receive food stamps or TANF, send in the Direct Certification Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application.

### **Foster Child:**

A child who is living with a family but who is under the legal care of the welfare agency or court. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

### **Household:**

A group of related or non-related people who are living in one house and share income and expenses.

### **Adult Family Members:**

All related and non-related people who are 21 years of age and older living in your house.

### **Financially Independent:**

A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household.

### **Gross Income :**

Is money earned or received by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions.

Examples of gross income are:

Wages, salaries, tips, commissions, or income from self-employment  
Net farm income  
Pensions, annuities, or other retirement income including Social Security retirement benefits  
Unemployment compensation  
Welfare payments (does not include value of food stamps)  
Public Assistance payments  
Adoption assistance  
Strike benefits  
Supplemental Security Income (SSI) or Social Security Survivor's Benefits  
Alimony or child support payments  
Disability benefits, including workman's compensation  
Veteran's subsistence benefits  
Interest or dividend income  
Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals  
Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources.

**Current Income :**

Your income at the present time **before deductions**. Farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Carol Ann Grodski  
Title: Food Service Director  
Telephone Number: 859-2382

Islip UFSD  
215 Main Street  
Islip, New York 11751

**\*CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION\***

**\*\*MUST BE COMPLETED AND RETURNED WITH\*\*  
FREE AND REDUCED PRICE MEAL APPLICATION**

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work program or the Educational Talent Search Program.
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, PSAT and SAT test fee waiver, AP Course fee waiver or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk for my child. I give up my right to confidentiality for the program(s) checked.

Child/Children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_



## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to \_\_\_\_\_ . Please complete a separate application for **each** foster child. Call the school if you need help: \_\_\_\_\_ . Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
  - (2) List their grade and school.
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### **PART 2 HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5.** A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- (1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PART 4. Do not list any other children, household members or income, or a social security number.
  - (2) A foster parent or other official representing the child must sign the application in PART 5.
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### **PART 3 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5. COMPLETE A SEPARATE APPLICATION FOR A CHILD/CHILDREN WITH A DIFFERENT CASE NUMBER.**

- (1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.
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### **PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly, monthly, 2 x per month.** Changes in income during the school year no longer need to be reported.
  - (3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
  - (4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.
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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **PRIVACY ACT STATEMENT**

Section 9 of the National School Lunch Act requires that unless your children's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. If a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

### **DISCRIMINATION COMPLAINTS**

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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.