

**EVANGELINE PARISH SCHOOL BOARD  
2010-11 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP*, FITAP or FDPIR case # for any member of the household. If you list a case #, skip to Part 5.

**Part 2. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at 337-363-7455]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_.  Check if no income. Skip to Part 5.

**Part 4. Total Household Gross Income. You must tell us how much and how often**

1. Name (List <b>everyone</b> in household, including children listed above.)	2. Gross income and how often it was received <i>Example: \$199.99/monthly; \$149.99/every other week; \$149.99/twice per month; \$99.99/weekly</i>				3. Check if <b>NO</b> income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on back of page.)

*I certify (promise) that all information on this application 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: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Part 6. Children's racial and ethnic identities (optional)**

Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	Choose one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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**LaCHIP**  
**No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP):** Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.  
\_\_\_\_ I do not want school officials to share information from my free and reduced-price meals application with La CHIP.  
Please sign here: X \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

**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 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 (SNAP), 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."

**Don't fill out this part. 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  
Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year 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: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

