



Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. If you need help please call:

INCOME CHART			
Effective July 1, 2007 to June 30, 2008			
Household Size	Annual	Monthly	Weekly
1	18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional member add	+6,438	+537	+124

**Instructions: Sections #6 Race and # 7 CHIP insurance are optional.**

**STUDENTS WHO ARE FOSTER CHILDREN MUST COMPLETE SECTIONS:**

- #1 – Child's name, grade and school (each Foster child needs a separate application)
- #3 – Child's personal income
- #5 – Adult signature, printed name, date, address and phone number

**STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS MUST COMPLETE SECTIONS:**

- #1 – Child's name, grade and school
- #2 – Case number for each child (quest card # not allowed)
- #5 – Adult signature, printed name, date, address and phone number

**ALL OTHER STUDENTS MUST COMPLETE SECTIONS:**

- #1 – Child's name, grade and school
- #4 – All household members and income by person
- #5 – Adult signature, printed name, date, address and phone number, and social security number of adult signer

**PLEASE NOTE:**

**Verification:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

**Fair Hearing:** You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

**Reapplication:** You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

**Confidentiality:** This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

**PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, 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. Provision of a social security number is not mandatory, but 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, TAFI, or FDPIR 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.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla espanol.

**“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.”**

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**DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY**

MONTHLY INCOME CONVERSION: Weekly X 4.33: Every 2 Weeks X 2.15: Twice a Month X 2		<b>DENIED:</b> <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	
<input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household monthly income: \$ _____ Household size: _____		<b>TEMPORARY APPROVAL FOR:</b> <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____	
<b>APPLICATION APPROVED FOR:</b> <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> _____ <b>WITHDRAWAL DATE</b>		<b>VERIFICATION RESULTS:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason)	
Signature of Determining Official: <b>X</b>		Signature of Verifying Official: <b>X</b>	Date
Date Signed:	Date Notice Sent:	Date 1st Notification Sent:	Date 2 <sup>nd</sup> Notification Sent: