International School of Broward

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

Names of household members (First, Middle Initial, Last)	School Name for Each Child	**[Florida SNAP], [FDPIR]** or **[Florida TANF]** case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME
			❑
			❑
			❑
			❑
			❑
			❑

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL EDMALIA CONSTANZA AT PHONE #954 924 8006 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 all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	$199.99/weekly_	$149.99/every other week	$99.99/monthly___	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____
	$____/_____	$____/_____	$____/_____	$____/_____

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 the back of this 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 ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

DO NOT 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: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2010-2011

Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

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.