



**Part 6 - Foster Children** *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: \_\_\_\_\_ (optional)

\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

\_\_\_ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**Part 7 - Child's Racial/Ethnic Identity (optional)**

Check one or more racial identities:

\_\_\_ American Indian or Alaskan Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ White

\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_ Other

Check one ethnic identity:

\_\_\_ Hispanic or Latino

\_\_\_ Neither Hispanic nor Latino

**Privacy Act Information: Social Security Number**

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, 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."

**Verification - This is for school use only**

Date Selected for Verification: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Response Due from Household: \_\_\_\_\_

Date Follow-up/Second Notice: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_

**Sample Selection:**

\_\_\_ Standard Basic

\_\_\_ Alternate-Random

\_\_\_ Alternate-Focused

**FAP/FIP Eligibility:**

\_\_\_ Not Confirmed

Confirmed:

\_\_\_ Department of Human Services

\_\_\_ Notice of Eligibility

**Income**

\$ \_\_\_\_\_

\_\_\_ Weekly

\_\_\_ Every 2 Weeks

\_\_\_ Twice a Month

\_\_\_ Monthly

\_\_\_ Annual

\_\_\_ Wage Stubs

\_\_\_ Written Documents

\_\_\_ Collateral Contact

\_\_\_ Agency Records

\_\_\_ Other \_\_\_\_\_

**Verification Result:**

\_\_\_ Free to Reduced

\_\_\_ Free to Paid

\_\_\_ Reduced to Free

\_\_\_ Reduced to Paid

\_\_\_ No Change

**Reason For Eligibility Change:**

\_\_\_ Income

\_\_\_ Household Size

\_\_\_ Refused to Cooperate

\_\_\_ Other \_\_\_\_\_

Date Adverse Notice Sent: \_\_\_\_\_

Verification Official's Signature: \_\_\_\_\_

**Approval/Disapproval - 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**

Household Size: \_\_\_\_\_

\_\_\_ Foster Child

\_\_\_ Categorical Eligibility

Total Gross Income: \$ \_\_\_\_\_

\_\_\_ Weekly

\_\_\_ Every 2 Weeks

\_\_\_ Twice a Month

\_\_\_ Monthly

\_\_\_ Annual

**Reason for Denial:**

\_\_\_ Income too High

\_\_\_ Incomplete Application

\_\_\_ Other (specify) \_\_\_\_\_

**Eligibility:**

\_\_\_ Free

\_\_\_ Reduced

\_\_\_ Paid

\_\_\_ Temporary Free- Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Dropped/Withdrawn: \_\_\_\_\_