

School Year 2011/2012

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to Edward Friedlander, Executive Director of Pupil Personnel Services. Call 516 203-3600, ext. 3410 if you need help.

1. List all children in your household who attend school:

Student's Name(s) (Last, First, MI)	School	Grade/Teacher	Foster Child	No Income

2. Food Stamp or TANF Benefits:

If anyone in your household receives either food stamp, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE #: _____

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: Ed Friedlander (516) 203-3600, extension 3410.

___ Homeless ___ Migrant ___ Runaway

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, or monthly). If you have listed a foster child above, you must report their personal income.

Show how often each amount is received. See Examples:	CURRENT INCOME/PAY PERIOD				
	Examples: \$100.29/weekly, \$100.29/bi-weekly, \$100.29/2x per month, \$100.29/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.				
List the names of everyone in your household	Earnings From Work Before Deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income, Social Security	No Income √
1.	Amount/How Often \$ /	Amount/How Often \$ /	Amount/How Often \$ /	Amount/How Often \$ /	
2.	\$ /	\$ /	\$ /	\$ /	
3.	\$ /	\$ /	\$ /	\$ /	
4.	\$ /	\$ /	\$ /	\$ /	
5.	\$ /	\$ /	\$ /	\$ /	
6.	\$ /	\$ /	\$ /	\$ /	
7.	\$ /	\$ /	\$ /	\$ /	

5. Signature: An adult household member **MUST** sign the application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Your Signature: _____

Date: _____

Email Address: _____

Last Four Digits of Social Security Number: _____

Home Phone # _____ Work Phone # _____ Home

Address: _____

(Street Address)

Town

State

Zip Code

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

Food Stamp/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Application **APPROVED** for: Free Meals Reduced Price Meals Denied/Paid Temporary Free 45 Days-Expires ___/___/___

Date Notice Sent: _____ Signature of Reviewing Official: _____ 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: Edward M. Friedlander, Executive Director of Pupil Personnel Services, 99 Cedar Swamp Road, Jericho, NY 11753. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: (516) 203-3600, x 3410. 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.

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.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF, OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.

- (1) List a CURRENT Food Stamp, TANF, or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16 digit 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.

PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number:

Ed Friedlander, Executive Director of Pupil Personnel Services, (516) 203-3600, extension 3410.

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 persons usual monthly income. **Specify how often this income is received: weekly, bi-weekly, monthly, 2 x per month, etc.** 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.
- (3) The application must include the last four digits only of 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, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

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

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or list a Food Stamp, 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 programs rules.

DISCRIMINATION COMPLAINTS

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, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410* or call toll free (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.