

For ALL ELEMENTARY AND MIDDLE SCHOOLS AND CHESTERFIELD COMMUNITY HIGH SCHOOL

<b>DENIED:</b> <input type="checkbox"/> Income over allowed limit <input type="checkbox"/> Incomplete / missing information	<b>APPROVED:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Temporary <div style="text-align: center;"> <input type="checkbox"/> Selected for Verification                 </div>	<b>TEMPORARY:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced Expires: _____	<input type="checkbox"/> Application #: _____ Family Size      Processor: _____
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**PART 1:** List ALL children in Chesterfield schools. Use this application for all elementary, middle AND COMMUNITY HIGH students. If you have students in other high schools, a high school free lunch application is available from the school's cafeteria manager. DO list all children in your household who attend Chesterfield schools, including high school students.

LEGAL LAST NAME	LEGAL FIRST NAME	MI	SCHOOL	GRADE	STUDENT ID# Assigned by School	CHECK BELOW IF THIS IS A FOSTER CHILD **	SNAP/TANF If any member of your household receives SNAP/TANF, list the 7 digit CASE NUMBER (not your EBT card number)
1.							
2.							
3.							
4.							
5.							
6.							

**\*\*If you are applying for a FOSTER CHILD or CHILDREN who is or are the LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT, CHECK THE FOSTER BOX ABOVE AND GO TO PART 5. If you are applying for other children who are NOT foster children, and you did NOT enter a SNAP/TANF Case Number above, complete Part 3.**

**PART 2:** Check if any child you are applying for is \_\_\_ Homeless \_\_\_ Migrant \_\_\_ Runaway and contact your school's homeless/migrant/runaway liaison and complete Parts 1, 2, 3, 4, and 5

**PART 3:** All households complete Part 3 UNLESS you entered your SNAP/TANF number above or this is only for a foster child. Income includes ALL household members. You MUST indicate if no income.

First and Last Names of EVERYONE in your household not listed in Part 1. Include all adults and all children not in school. Do Not Complete Part 3 you listed a SNAP or TANF case number in Part 1 or if this is only for a foster child.	CHECK IF NO INCOME	List Gross Income before any deductions in whole dollars. Write in how often income is received. Use the following: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly				
		Gross Earnings from Work Before Taxes and Deductions Wages, Salaries, and Tips, Strike or Unemployment Benefits, Worker's Compensation		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI VA Payments	All Other Income (See Back of Form)
		Net Earnings from Self-owned Business				
		Job 1	Job 2			
\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often		
1.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /
2.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /
3.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /
4.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /
5.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /
6.	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /	\$ /

**PART 4: OTHER BENEFITS:** Medicaid and Health Insurance. Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared, you must tell us by checking the NO box below. Your decision will not affect your child's eligibility for free or reduced price meals.  
 NO I do not want school officials to share information from my free/reduced price meal application with Medicaid or FAMIS.

**PART 5: SIGNATURE AND SOCIAL SECURITY NUMBER:** An adult household member must sign the application and enter the last four digits of the Social Security number or mark the box if they do not have one. YOUR APPLICATION WILL BE DENIED IF THIS IS NOT DONE. **Penalties for Misrepresentation:** I certify 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 understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Adult Signature: \_\_\_\_\_ Social Security Number: XXX- XX-  OR Check Here  I DO NOT have a Social Security Number

Adult Name (print): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_