

INSTRUCTIONS FOR COMPLETING FREE/REDUCED PRICE MEAL APPLICATION
This application is for elementary, middle and Community High school students only.

Complete ONE application for all children living in the household. Follow the instructions below. Mail the application to Chesterfield School Food Service, Attn: FR, 7610 Whitepine Road, Richmond, VA 23237, or return to your child's school. You will be notified of the decision of the approving official BY MAIL so please make sure the school has your correct address. If you need help filling out this form, please contact us at 804-743-3717. Only Community High participates in the federal free/reduced meals program. However, you may request a high school application for our in-house free lunch program if you receive SNAP or TANF or have a foster child who is the legal responsibility of a welfare agency or court. The application is available from your child's high school cafeteria manager. High school students cannot qualify based on income. There is not a reduced price meals program in our high schools.

IF YOU ARE APPLYING FOR A FOSTER CHILD - A foster child is the legal responsibility of a welfare agency or court.

- Part 1: List the legal name, school, grade and ID number of ALL foster children. Check the box in Part 1 indicating the child is a Foster Child.
 Part 2 & 3: Skip
 Part 4: Answer this question if you choose; you are not required to answer this question to receive meal benefits.
 Part 5: A foster parent or other official representing the child must sign the application in Part 5 and fill in mailing address. A social security number is not required.

IF SOME OF THE CHILDREN IN YOUR HOUSEHOLD ARE FOSTER AND SOME ARE NOT:

- Part 1: Follow instructions above, listing ALL students in the household. Check the box indicating the foster child(ren). If you receive SNAP or TANF, enter your 7-digit CASE number.
 Part 2: Check the appropriate category if any of the children are homeless, migrant or runaway, and contact the child's school.
 Part 3: List the name & age of everyone in the household who is **not** listed in Part 1. For each person listed in Part 3, report the gross income each person receives and how often it is received OR check the "NO INCOME" box if the person has no income.

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP OR TANF:

- Part 1: List each child's LEGAL name, school, grade, ID number and list your 7-digit SNAP or TANF CASE number. List high school students also but contact their school for a meal application; only Community High participates in the federal meals program.
 Part 2 & 3: Skip
 Part 4: Answer this question if you choose; you are not required to answer this question to receive meal benefits.
 Part 5: The parent/guardian must sign the application and fill in the mailing address. A social security number is not required if a SNAP/TANF case number is provided.

ALL OTHER HOUSEHOLDS FOLLOW THESE INSTRUCTIONS:

- Part 1: List each child's LEGAL name, school, grade, and student ID (provided by the school).
 Part 2: If the child is homeless, migrant, or a runaway, check the appropriate box and contact the school's homeless liaison.
 Part 3: List the LEGAL first and last name and age of EVERY person living in your household who is not listed in Part 1. Based on last month's income, enter how much gross income each person in the household received when they were paid and indicate how often they were paid that amount. This income is the GROSS income before any taxes or deductions have been taken out. **Check the appropriate column if there is no income. See below for the types of income to be reported.**
 Part 4: Answer this question if you choose; you are not required to answer this question to receive meal benefits.
 Part 5: An adult household member must sign the application and provide the last 4 digits of his/her social security number or check the box indicating that they do not have a SSN.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

DO NOT REPORT INCOME FROM SNAP; WIC; FEDERAL EDUCATION BENEFITS; FOSTER PAYMENTS FROM PLACEMENT AGENCY; MILITARY COMBAT PAY; MILITARY PRIVATIZED HOUSING INITIATIVE

List GROSS Income (before deductions) in whole dollars. Write in how often income is received; for example:
(W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly

| Names of ALL ADULT household members Do not complete if this is a foster child, or if you listed a SNAP/TANF case number in Part 1 | Age | Check if no Income <input type="checkbox"/> | Gross Earnings from Work Before Taxes and other Deductions | | Welfare/Child Support/Alimony Public Assistance Payments Welfare Payments Alimony/Child Support Payments Received | Pensions/Retirement Social Security Pensions Social Security SSI Retirement Income VA (veterans) payments | Other Income Disability Benefits, Cash Withdrawn from Savings, Interest/Dividends, Income from Estates, Trusts, or Investments, Regular contributions from people not living in the household, Net Royalties, Annuities, net Rental Income, Any Other Income |
|---|-----|---|--|--|--|--|---|
| | | | Wages, Salaries, Tips Unemployment or Strike Benefits Worker's Compensation Net Income from Self-owned Business | | | | |
| | | | Job 1 \$ Amount / How Often Are You Paid | Job 2 \$ Amount / How Often Are You Paid | | | |
| Example: Jane Smith | 35 | <input type="checkbox"/> | \$200 / W | \$100 / 2W | \$150 / M | \$100 / M | \$50 / 2M |

Privacy Act Statement: 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 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: "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

The Chesterfield County public school system does not unlawfully discriminate on the basis of sex, race, color, age, religion, disabilities, or national origin in employment or in its educational program and activities. For more information: http://chesterfield.k12.va.us/html/ccps_pages/compliance.htm.