

Part 7 - 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, an extension of the welfare agency or court.
 B. The child is a resident of a licensed "Group Foster" home or residential institution.

Part 8 - Child's Racial/Ethnic Identity (optional)
 Check One or More Racial Identities:
 American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 White
 Other

Check One Ethnic Identity:
 Hispanic or Latino
 Neither Hispanic or Latino

Privacy Act Information: Social Security Number
 The Richard B. Russell 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 - 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: _____
FAF/IFP Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Verification Result: <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change
Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____ Date of Adverse Notice Sent: _____ Verification Official's Signature: _____	

APPROVAL/DISAPPROVAL - 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: _____ Total Gross Income: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Foster Child <input type="checkbox"/> Categorical Eligibility Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Temporary Free - Time Period: _____ (expires after _____ days)
Determining Official's Signature: _____ Date: _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____ Date Dropped/Withdrawn: _____