

Polk State Lakeland Gateway to College CHS

53-8003

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per Household

Part 1. Children in school. To apply for free or reduced price meals and other benefits for your child(ren), carefully complete, sign, and return this application to the school. If you need help with this application, please call the school.

NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamp Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				
	YES - NO				
	YES - NO				
	YES - NO				

If ALL above children are Food stamp or TANF recipients – now skip to Part 5.

Part 2. If the child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call [your school's homeless liaison, migrant coordinator] at [phone #].
 Migrant Homeless Runaway

NAME OF CHILD (First Name, Middle Initial, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamp Case # (If you receive both benefits, list the TANF Case #) OR Monthly Personal Use Income (if zero, indicate as such)
	YES NO				

ALL OTHER HOUSEHOLD TYPES

NAME	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES Examples: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / weekly				
	Earnings from Work Before Deductions	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received	Check if NO income
1.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8.	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
(Example) Jane Smith	\$200 / week	\$150 / week	\$100 / month		<input type="checkbox"/>

Part 5. SIGNATURE: I certify (promise) 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 give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X _____ X _____ - _____ - _____ No Social Security Number _____
 SIGNATURE OF ADULT HOUSEHOLD MEMBER Social Security Number Security Number Home Telephone # / Work Telephone #

 Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

Upon completion of this form, please click file save as then rename the document to the students first and last name (Example: Meesha.DowningTownsend) This form should be emailed to Kimberly Battle (kbattle@polk.edu). We will not accept paper copies of this document. Please submit your document by 3PM August 12, 2021. If you have a change in your income, please email Ms. Battle immediately.

SCHOOL USE ONLY:
 Approved
 Denied
 Not Applicable

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 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 Food Stamp or TANF case number 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



POLK STATE

Lakeland Gateway to College
Collegiate High School



FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION:

WEEKLY INCOME X 52	BI WEEKLY X 26	TWICE A MONTH X 24	MONTHLY INCOME X 12
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ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: Week Month Annual
OR Categorical Eligibility: Food Stamp TANF Migrant Homeless Runaway
Eligibility Determination: Approved Free Approved Reduced price Denied
Reason for Denial: Income Too High Incomplete Application Other(Reason) _____
Temporary: Free Reduced Time Period: _____ (expires after _____ days)
Signature of Determining Official: _____ Date: _____
Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____				
Date Verification Notice Sent: _____ Date Response Due from Households: _____ Date Second Notice Sent (or N/A): _____	Approval Based On:	Verification Results:	Reason for Change:	Date Notice of Change Sent: _____ Date Change Made: _____
	<input type="checkbox"/> Food Stamp/ TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____	<input type="checkbox"/> No Change <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"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamp/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	
Date Hearing Requested: _____		Verifying Official's Signature: _____		
Hearing Decision: _____		Date: _____		