

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

Part 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, complete this section and go to Part 5. (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

Part 4. LIST ALL HOUSEHOLD MEMBERS	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES Examples: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / weekly				
NAME	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 Home Telephone # / Work Telephone #
SIGNATURE OF ADULT HOUSEHOLD MEMBER Social Security Number
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 student's first and last name (Example: Meesha.DowningTownsend). This form should be emailed to Cherie Murray (clmurray@polk.edu). We will not accept paper copies of this document. Please submit your document by 3PM August 11, 2023. 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: _____

☐ Food Stamp/
TANF Case Number

☐ Household Size
and Income

☐ Other _____

Verification Results: _____

☐ No Change
☐ Free to Reduced
☐ Free to Paid
☐ Reduced to Free
☐ Reduced to Paid

Reason for Change: _____

☐ Income: _____
☐ Household Size: _____
☐ Change in Food Stamp/TANF
☐ Did not respond
☐ Other: _____

Date Notice of
Change
Sent: _____

Date Change
Made: _____

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date: _____