Polk State Lakeland Gateway to College CHS

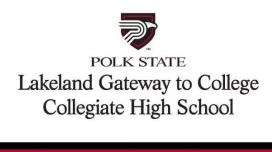
53-8003 SCHOOL CORPORATION CORP. NUMBER

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		iRADE	TANF or Fo	TANF or Food Stamp Cas (If you receive both benefill 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			iRADE	you receive be the TANF Cas Personal Use	TANF or Food Stamp you receive both ben the TANF Case #) O Personal Use Income indicate as such)		
		YES NO										
Part 4.		ALL		OSS (before de			D INCOME	FROM A	LL SOURCES			
LIST ALL HOUSEHOLD MEMBERS	LL HOUSEHOLD MEMBERS Examples: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / weekly											
NAME		Earnings from Work Before Deductions		Welfare P	ayments, port, Alimony				II Other Income		Check if NO income	
1.	;	\$ /		\$	1	\$	1	\$	1			
2.	:	\$ /		\$	1	\$	1	\$	1			
3.	;	\$ /		\$	1	\$	1	\$	1			
4.	;	\$ /		\$	1	\$	1	\$	1			
5.	;	\$ /		\$	1	\$	1	\$	1			
6.	;	\$ /		\$	1	\$	1	\$	1			
7.	;	\$ /		\$	1	\$	1	\$	1			
8.	;	\$ /		\$	1	\$	1	\$	1			
(Example) Jane Smith		\$200 / wee	k	\$150) / week	\$	100 / month	ı				
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												
Printed Name of Adult Household Member Date				Signed	Hom	Home Address/Apt #				Z	Zip Code	
(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.										ONLY App Den	roved	

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.



WEEKLY INCOME X 52		3	TWI	CE 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:											
Date Withdrawn:											
VERIFICATION											
Confirmation Review Official:											
Date Verification Notice	Approval Based On: Verific		ition Results:	Reason for Change:		Date Notice of					
Sent:						Change					
	☐ Food Stamp/ ☐ No C			□ Income:		Sent:					
Date Response Due from	TANF Case Number ☐ Free			☐ Household Size:							
Households:		□ Free		☐ Change in Food Sta	amp/TANF	Data Changa					
Date Second Notice Sent	☐ Household Size		ced to Free	☐ Did not respond		Date Change Made:					
(or N/A):	and Income	□ Redu	ced to Paid	☐ Other:							
(OF 14/A).	☐ Other										
		<u> </u>									
Date Hearing Requested:			Verifying Official's Signature:								
_ = ====											
Hearing Decision:	Date:										

FOR SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVEDCIONS