

Part 6 - 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, and extension of the welfare agency or court.

___ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (optional)

Check one or more racial identities:

- ___ American Indian or Alaskan Native ___ Asian
 ___ Black or African American ___ White
 ___ Native Hawaiian or Other Pacific Islander ___ Other

Check one ethnic identity:

- ___ Hispanic or Latino
 ___ Neither Hispanic nor Latino

Privacy Act Information: Social Security Number

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 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 - This is 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: _____

Sample Selection:
 ___ Standard Basic
 ___ Alternate-Random
 ___ Alternate-Focused

FAP/FIP Eligibility:
 ___ Not Confirmed
 Confirmed:
 ___ Department of Human Services
 ___ Notice of Eligibility

Income
 \$ _____
 ___ Weekly
 ___ Every 2 Weeks
 ___ Twice a Month
 ___ Monthly
 ___ Annual

___ Wage Stubs
 ___ Written Documents
 ___ Collateral Contact
 ___ Agency Records
 ___ Other _____

Verification Result:
 ___ Free to Reduced
 ___ Free to Paid
 ___ Reduced to Free
 ___ Reduced to Paid
 ___ No Change

Reason For Eligibility Change:
 ___ Income
 ___ Household Size
 ___ Refused to Cooperate
 ___ Other _____

Date Adverse Notice Sent: _____
 Verification Official's Signature: _____

Approval/Disapproval - This is 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: \$ _____
 ___ Weekly
 ___ Every 2 Weeks
 ___ Twice a Month
 ___ Monthly
 ___ Annual

___ Foster Child
 ___ Categorical Eligibility

Reason for Denial:
 ___ Income too High
 ___ Incomplete Application
 ___ Other (specify) _____

Eligibility:
 ___ Free
 ___ Reduced
 ___ Paid
 ___ Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____

Swartz Creek Community Schools Child Nutrition Sharing Information with Other Programs 2009/2010

Dear Parent/Guardian:

Your child may qualify for other programs, based on the information you gave on your Free and Reduced Price School Meals Family Application. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Athletic Registration Fees, Intramural Sports and admission fees.**

- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Testing Fees, Scholarships, Summer School Fees, Class fees and Credit recovery fees.**

- Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **Field trip fees.**

If you check Yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

- No! I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.

If you checked No, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Kathy Dubie at (810) 591-1858.**

Return this form to: **Kathleen Dubie
Director of Child Nutrition
One Dragon Drive
Swartz Creek, MI 48473

Or fax to (810) 630-1056**

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