

School Year 2007-2008 Application for Child Nutrition Program Benefits

Carefully follow instructions on page 2 of application. An incomplete application cannot be approved. Return completed application to school.

Part 1. Children in School - Use a separate application for each foster child. If you enter a case number for EACH child in Part 1, go to Part 4.

Last Name	First Name	School Name	Grade	Case Number for Food Stamps, TAF or FDPIR
1.				
2.				
3.				
4.				
5.				

Part 2. Foster Child Check the box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income in **Part 3**. If the foster child has no personal use income, check the "Check if NO Income" box.

Part 3. Gross Income for ALL Household Members – Write the amount of gross income received and how often it is received: Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly. See instructions on page 2 of application for income to report.

List Names of ALL Household Members	Earnings Before Deductions from Last Pay Period (including Overtime)		Other Regular Income: SRS Cash Assistance, Child Support, Alimony, Pension, Social Security Income, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp.		Check if NO Income
	Amount	How Often	Amount	How Often	Amount	How Often	
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"/>

Part 4. Children's Ethnic Identity (optional) – Check one. Hispanic or Latino Not Hispanic or Latino
Children's Racial Identity (optional) – Check one or more. American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian White Black or African American Other

Part 5. Optional Benefits – You do not have to complete this part to get Child Nutrition Program benefits. I give permission for school officials to use my child(ren)'s eligibility for reduced price or free Child Nutrition Program benefits to determine eligibility for the programs I have checked below. I understand that I am releasing information that will reveal that I am applying for Child Nutrition Program benefits.

Part 6. Parent/Guardian Information

Print Name _____ E-mail _____
 Address, City, State, Zip _____ Home Phone _____
 Employer(s) _____ Work Phone _____

A parent/guardian must sign the application. If Part 3 is completed, the parent/guardian signing the form must also provide his/her Social Security number OR if the parent/guardian does not have a Social Security number, write "none". See the Privacy Act Statement on page 2 of this application.

I certify that all information on this application is true and that all income is reported. I understand that (1) the school will receive Federal and State funds based on the information I give; (2) school officials may verify the information; and (3) if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted.

Sign Here X _____ Social Security Number _____ - _____ - _____ Date: _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<p>Application Type (check one)</p> <input type="checkbox"/> Food Stamps/TAF/FDPIR <input type="checkbox"/> Income Household – Total income: \$ _____ <input type="checkbox"/> Monthly Income OR <input type="checkbox"/> Annual Income Household size: _____ <input type="checkbox"/> Foster Child – Annual personal use income: \$ _____	<p>Application Status</p> Approved..... <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Temporarily Approved... <input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Update required by _____ Denied... <input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing: _____
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Determining Official's Signature _____ Approval/Denial Date _____ Notification Date _____
 Confirming Official's Signature _____ Date _____

Carefully read these instructions BEFORE completing the Application for CNP Benefits!

To apply for Child Nutrition Program benefits, **complete all required parts** of the application using the instructions below. Return the application to the school. All applications must be signed. Call the school if you need help.

- **Food Stamps, TAF, FDPIR:** If you currently get Food Stamps, TAF or FDPIR benefits, complete Part 1 and Part 6.
- **Foster Child:** Complete a separate application for each child. Complete Part 1, Part 2, Part 3 and Part 6.
- **Income Households (All other households):** Complete Part 1, Part 3 and Part 6.

Part 1. Children in School

- a. Write the last name, first name, school and grade of each student.
- b. If you get Food Stamps, Temporary Assistance to Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR) benefits, write the case number for each student.

Part 2. Foster Child

- a. Check the box if this application is for a child who is the legal responsibility of a welfare agency or court. Complete a separate application for each foster child. List information for only the foster child on the application.
- b. **In Part 3**, list the foster child's monthly "personal use" income which is (1) money given by the welfare office for the child's personal use, identified by category such as for clothing, school fees, and allowances; and (2) all other money the child gets, such as money from his/her family and money from his/her full-time or regular part-time jobs. If the child does not get "personal use" income, mark the "Check if NO Income" box.

Part 3. Gross Income for ALL Household Members

- a. Write the names of everyone in your household, whether they have income or not. Include the child(ren) you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. If you need more space, write the additional information on a piece of paper and attach it to the application.
- b. In the "Amount" column that best describes each income source (i.e. Earnings, Other Regular Income, Temporary Income), write how much income each household member got for the last pay period before taxes or anything else is taken out. See the list of income to report below.
- c. In the "How Often" column, write how often each amount of income is received: Weekly, Every 2 Weeks, Twice a Month, Monthly or Yearly.
- d. Check the "Check if NO Income" box if a household member has no income.

Part 4. Children's Racial & Ethnic Identities

Check the ethnic identity(ies) and racial identity(ies) of your child(ren). We need this information to be sure everyone gets benefits on a fair basis. You do not have to provide this information to get reduced price or free Child Nutrition Program benefits.

Part 5. Optional Benefits

Check the box by each optional benefit for which you wish to apply.

Part 6. Parent/Guardian Information

- a. Write the parent/guardian's name, e-mail address, mailing address, city, state, zip code, home phone, employer(s) name and work phone.
- b. Write the Social Security number of the parent/guardian who will sign the application. If this parent/guardian does not have a Social Security number, write "none". **A Social Security number is not needed if a Food Stamp, TAF or FDPIR number is listed for each child or the application is for a foster child.**
- c. The parent/guardian must sign and date the application.

Income to Report

Earnings

Wages, salaries, tips, overtime pay
Net income from self-owned business or farm

Other Regular Income

Pensions, retirement income
Social Security income
Veteran payments
Supplemental Security Income (SSI)

Other Regular Income, continued

SRS cash assistance
Alimony
Child support payments
Disability benefits
Income from estates/trusts/investments
Royalties/annuities/rental income
Regular contributions from persons not living in the household

Temporary or Occasional Income

Strike benefits
Unemployment compensation
Worker's compensation
Interest/dividends
Cash withdrawn from savings
Any other income that may be available to pay for the child's meals

Income From Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income).

The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12	\$ _____	Business Income or (Loss)
LINE 13	\$ _____	Capital Gain or (Loss)
LINE 14	\$ _____	Other Gains or (Losses)
LINE 17	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
LINE 18	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Report annual income in Part 3.

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 the application for Child Nutrition Program Benefits. You do not have to give the information, but if you do not, we cannot approve your child for reduced price or free 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 Food Stamp Program, Temporary Assistance to Families (TAF) 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 reduced price or free 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.