

# Stanwood\_Camano School District #401

Check here if you received meal benefits last year.

## 2016-17 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

**Complete, sign and return this application to your child's School or the Administration & Resource Center, 26920 Pioneer Highway, Stanwood, WA. 98292  
Attn. Lisa Teichgrab 360-629-1411**

1. **List all students living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box.** Include any personal income received by the student and make an "x" in the correct box for how often it is received. **If you have written a case number for any of your children, skip to Section 4. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to Section 2.**  
**If any child you are applying for is homeless (McKinney-Vento) or migrant, check the appropriate box.  Homeless  Migrant**

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	2 X Month	Monthly	Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number and check the appropriate box.			
												Basic Food	TANF	FDPIR	
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.**

Names of ALL other household members (do not include names of students listed above)	Foster Child	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	2 X Month	Monthly	Child Support, Alimony	Weekly	Every 2 Weeks	2 X Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	2 X Month	Monthly	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number.			
																						Basic Food	TANF	FDPIR	
		\$					\$					\$					\$						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Total Household Members (include all people living in your household):** \_\_\_\_\_
4. **Signature and Social Security Number – 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. I understand my child's eligibility may be shared as allowed by law.**

Last 4 digits of your social security number: _____ OR, if you do not have a social security number, check the box: <input type="checkbox"/>	Mailing Address _____ Street Address (if available) _____
Printed Name of Adult Household Member _____	City & Zip Code _____ Home Phone _____
Adult Household Member Signature _____ Date _____	Work/Cell Phone _____ Email Address _____

**5. Children's Racial and Ethnic Identities (Optional)**

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?**

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to [http://www.foodhelp.wa.gov/basic\\_food.htm](http://www.foodhelp.wa.gov/basic_food.htm).

**HEALTH COVERAGE**

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**SCHOOL USE ONLY  
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

**LEA APPROVAL**

- Basic Food/TANF/FDPIR/Foster
- Income Household

Total Household Size \_\_\_\_\_  
Total Household Income \$ \_\_\_\_\_

Weekly	Every Two Weeks	Twice Per Month	Monthly	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date