2015-2016 OXFORD PUBLIC SCHOOLS Application for Free and Reduced-price School Meals or Free Milk. Complete one application per household. Please use a pen (not a pencil).

Application No: ____________________

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: “Anyone who is living with you and shares income and expenses, even if not related.”

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name: ____________________  MI: _____  Child's Last Name: ____________________

School: ____________________  Grade: ________  Student?: Yes No: ____

If NO household member participates in SNAP or TFA, skip Step 2 and complete STEP 3.

If a household member does participate in SNAP or TFA, write a SNAP or TFA case number here and then go to STEP 4 (Do not complete STEP 3)

Case Number: ____________________

Write only one case number in this space.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following Assistance Programs - SNAP OR TFA: Check one: YES or NO (This does NOT include medical (HUSKY) benefits.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

STEP 3 Report Income for ALL Household Members (Skip this step if you wrote a SNAP or TFA Number in STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

Child Income: $ ________

Weekly  Bi-Weekly  2x Month  Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)  Earnings from Work: $ ________

Weekly  Bi-Weekly  2x Month  Monthly

Public Assistance/Child Support/Alimony: $ ________

Weekly  Bi-Weekly  2x Month  Monthly

Pensions/Retirement/At Other Income: $ ________

Weekly  Bi-Weekly  2x Month  Monthly

Total Household Members: ________

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN: ________

STEP 4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available): ____________________  Apt #: ____________________

City: ____________________  State: ________  Zip: ____________________

Daytime Phone and Email (optional): ____________________

Printed name of adult completing the form: ____________________

Signature of adult completing the form: ____________________

Today's date: ____________________
Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your child's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

Ethnicity (check one):
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

Race (check one or more):
- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

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 (SNAP), 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

For School Use Only – Do Not Write Below This Line

Determining Officials (DO) for the Local Education Agency MUST complete this section.

Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12
(Only convert to annual income if there are different frequencies of income listed in Step 3.)

- [ ] Directly Certified Based on the State Direct Certification List
- [ ] Date Certified on DC List: ________________
- [ ] SNAP/TFA Household (Reminder: The DO must confirm a handwritten SNAP/TFA number)
- [ ] Foster Child
- [ ] Head Start
- [ ] Confirmed Homeless or Runaway

- [ ] Income Household: Total household income: __________________ per __________________ Household Size: ________________

Application approved for: [ ] Free Meals [ ] Reduced-Price Meals [ ] Application Denied

Date Notice Sent: ________________ Signature of Determining Official: ________________ Date: ________________