

Households that do not receive Basic Food, TANF or FDPIR

SECTION ONE OF THE APPLICATION

List all Seattle School District students living with you. Include their:

- Student ID Number
- Date of Birth
- School they will be attending this year
- Grade they will be entering

LAST NAME	FIRST NAME	STUDENT ID#	DATE OF BIRTH	SCHOOL	GRADE	BASIC FOOD, TANF or FDPIR CASE NUMBER
Ballard	Ann	006612345	09/12/2002	Brighton	2	LEAVE THIS SECTION BLANK
Ballard	Bill	006624690	03/23/1998	Mercer	7	

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SECTION TWO OF THE APPLICATION

List all household members including students from section 1. Include:

- Amount of income each person receives before deductions.
- Be sure to indicate how often the income is received. **MONTHLY, EVERY TWO WEEKS, TWICE A MONTH, or WEEKLY.**

NAMES OF ALL HOUSEHOLD MEMBERS		INCOME FROM WAGES BEFORE DEDUCTIONS		INCOME from Welfare, Child Support	Income from Retirement Social Security	Any other type of income not listed previously
FIRST	LAST	Wages from Job1	Wages from Job2			
Ballard	Robert	2100.00 Monthly	450.00 Monthly			
Ballard	Joan	600.00 Monthly				
Ballard	Bill					
Ballard	Ann					

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SECTION THREE OF THE APPLICATION

Foster Child

- **LEAVE THIS SECTION BLANK**
- If you have a foster child living at your home, a separate application form must be completed. Only one foster child can be listed per FORM.
- For complete information on the application process for a foster child, please review the example form provided.

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SECTION FOUR OF THE APPLICATION Signature and Social Security Number

- Complete this whole section. Your signature certifies that all the above information is true and correct and that all of the income is reported correctly,
- Your information is being given for the receipt of federal funds
- School Officials may verify the information on the application and deliberate misrepresentation of the information may subject you to prosecution under applicable state and federal laws.

	Check the box if you do not have a social security number* <input type="checkbox"/>	
<u>Robert Ballard</u> Printed Name of Parent or Guardian	<u>111-11-1111</u> Social Security Number	I do not have a social security number.
<u>Robert Ballard</u> Signature of Parent or Guardian	<u>245 Anderson Ave</u> Street Address	<u>Seattle, 98121</u> City & Zip
<u>August 21, 2009</u> Date	<u>206-111-1111</u> Home Phone Number	<u>206-222-2222</u> Work Phone Number

OTHER GREAT REASONS TO APPLY

Did you know that if your child qualifies for free or reduced price meal benefits there may be additional benefits such as discounts or “0” costs for the following services? Ask your school for more information; not all benefits are available at each school.

Please check the box(s) below if you want to give school officials permission to use the information provided on the attached application for free & reduced meals to determine your child(ren’s) eligibility for these school benefits.

- Advanced Placement Tests
- College Bound Scholarships
- Running Start Books
- Athletic Fees
- Associated Student Body (ASB) fee
- Event Fees
- Pre-College exams (PSAT/SAT/ACT)
- College Application Fees
- All-day kindergarten tuition
- Field Trips
- Summer programs and camps
- Medical, dental & vision fees

YOU MUST COMPLETE THE ATTACHED APPLICATION FOR FREE & REDUCED MEALS TO QUALIFY.

Robert Ballard

Signature of Parent or Legal Guardian

August 21, 2009

Date

ACT NOW!

Complete your application as soon as possible and send to the Nutrition Services Office at this address:

Nutrition Services
2445 3rd Ave South
MS 32-372
P.O. Box 3465
Seattle, WA 98124-1165

Still have questions? Call our office at 206-252-0675 and we will assist you.