

## SEATTLE PUBLIC SCHOOLS APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2004-2005

1. **Complete, sign and return this application to your school lunchroom.** List all Seattle School District students living with you except foster children (see Section 3 for foster children). If your child(ren) have a Basic Food, TANF or FDPIR case number, write each child's case number in the last column. If you have written a case number for each child, skip to Section 4.

Last	<u>Student's Name(s)</u> First	Student I.D.#	Date of Birth	School	Grade	Basic Food, TANF, or FDPIR Case #

2. **List all household members, including students without case numbers, from Section 1.** Write the amount of monthly income each person receives. For income received other than monthly, use the income conversion chart: weekly X 4.33, every 2 weeks X 2.15, twice a month X 2 equals monthly income

First	<u>Names of Household Members</u> Last		Gross Monthly Income Before Deductions		Monthly Income from Welfare, Child Support, Alimony	Monthly Income from Pensions, Retirement, Social Security	Any Other Monthly Income
			Job 1	Job 2			

3. **Foster Child** – List the foster child below and include personal use income. If foster child has no income write "0".

Foster Child's Name	Student I.D.#	Date of Birth	Personal Use Income	School	Grade

4. **Signature and Social Security Number** – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____
Printed Name of Adult Household Member
_____
Signature of Adult Household Member
_____
Date

Check the box if you do not have a social security number.	
_____	<input type="checkbox"/> I do not have a social social security number.
Social Security Number	
_____	_____
Street Address	City & Zip
_____	_____
Home Phone Number	Work Phone Number

Temp. Approval by LR Manager	Office Use Only
Date	Date
Eligibility	Eligibility
Initials	Initials

**32-372 Nutrition Services  
Seattle School District #1  
PO Box 34165  
Seattle, WA 98124-1165**

5. **Other Benefits** – Check here  if you want to give school officials permission to use the information provided on this application to determine your child(ren)'s eligibility for traffic safety education fees and other school benefits, and sign below.

Adult household member must sign: \_\_\_\_\_

**PROCEDURES FOR STUDENTS WHO DO NOT HAVE MONEY  
AND ARE NOT APPROVED FOR FREE MEALS.**

- Parents and students will be advised in writing upon approval or denial of eligibility for free or reduced priced benefits.
- Charging meals is against the law.
- Students without money will be served fruits, vegetables and milk for only three days.

**ALL SECOND MEALS ARE CHARGED AT THE ADULT RATE.**