

2015-16 Application for Free and Reduced-price School Meals

Complete one application per household. Please use a pen.

Step 1

List all CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

Definitions:

Children in Household:
Any infant, child or student up to 12th grade that lives in your household.

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

| Child's First Name | MI | Child's Last Name | School | Grade | Student? Y N | Homeless (or) Runaway | Migrant | Foster |
|--------------------|----|-------------------|--------|-------|-----------------|--------------------------|---------|--------|
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Step 2

Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDIPIR?

☐ NO

If NO household member participates in SNAP or TANF of FDIPIR, complete STEP 3.

☐ YES

If YES, write your SNAP or TANF or FDIPIR case number here and then go to STEP 4. Do not complete STEP 3.

MT Case #:

Step 3

Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDIPIR case 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.

\$

Weekly

Bi-Weekly

2X Month

Monthly

Yearly

B. Adult Income (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if no one receives income. For each Household Member listed, report total income for each source in whole dollars only. If the Household Member does 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. For further information please refer to the attached instructions.

| First and Last Name of Adult Household Member | Earnings from Work | Public Assistance/Child Support/ Alimony | Pension/Retirement/ All Other Income |
|---|---|---|---|
| | WeeklyBi-Weekly2X MonthMonthlyYearly | WeeklyBi-Weekly2X MonthMonthlyYearly | WeeklyBi-Weekly2X MonthMonthlyYearly |
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Total Household Members (Children and Adults)

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

X

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 Form

Signature of Adult Completing Form

Today's Date

SCHOOL USE ONLY

School District Must Complete This Section.

Date Application Received:

Directly Certified (DC) thru DCA/Source Records:

Categorical Eligibility:

Income Household:

Application Approved for:

Signature of Determining Official:

☐ SNAP DC

☐ TANF DC

☐ FDIPIR DC

☐ Homeless/Runaway DC

☐ Migrant DC

☐ Foster DC

☐ Foster Child (Documentation is required for ALL other sources of Categorical Eligibility & Case #'s, thereby resulting in a Directly Certified (DC) determination)

☐ Total Household Income: per Household Size:

☐ Free Meals

☐ Reduced-Price Meals

☐ Application Denied

Date Effective:

Signature of Verifying Official:

Date:

Annual Income Conversion:

Weekly X 52

Bi-Weekly X 26

Twice a Month X 24

Monthly X 12

Convert to annual income ONLY if there are different frequencies of income listed.

OPTIONAL

Children's Racial and Ethnic Identities.

We are required to ask for information about your children'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 children's eligibility for free or reduced price meals.

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race:

- ☐ 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 Adjudication, 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.

Buying Good Food is a SNAP!

What is SNAP?

SNAP is the Supplemental Nutrition Assistance Program, designed to help Montanans afford healthy food.
(Formerly the Food Stamp Program)

Apply online at
www.apply.mt.gov

or call the Montana Public Assistance Helpline at
888-706-1535



How can I participate?

SNAP is available to people living on a low or fixed income including single people, families, students, seniors, and people with disabilities.

For many applicants, gross income limits have increased and there is **no longer a resource limit!**

Applying is easy!

- Call the Montana Food Bank Network at 406-721-3825 or the Public Assistance Helpline at 888-706-1535 to find your nearest Office of Public Assistance (OPA) or to request an application by mail.
- Apply online www.apply.mt.gov
- Print an application www.mfbn.org/gethelp
- Most interviews can be completed over the phone.
- You can have another adult apply on your behalf.

SNAP Income Guidelines

(Effective Oct. 1, 2014)

1. If you meet the **Gross Guideline** turn in an application to see if you also meet the Net Guideline.
2. When you apply, a case worker will deduct a portion of your living expenses from your income to see if you meet the Net Guideline. **Your Net Income for SNAP cannot be calculated until you submit an application.**

| Household Size | Gross Monthly Income* | Net Monthly Income |
|----------------|-----------------------|--------------------|
| 1 | \$1,946 | \$973 |
| 2 | \$2,622 | \$1,311 |
| 3 | \$3,300 | \$1,650 |
| Add'l Members | + 678 | + \$339 |

*Households with a previously disqualified member will need to meet a lower Gross Guideline. Call for details.



Questions? Need help applying? Contact the Montana Food Bank Network at 406-721-3825



USDA, HHS, & DPHHS are equal opportunity providers and employers.