

FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION 2011-2012 SCHOOL YEAR

Part 7: OTHER BENEFITS: You do not have to complete this part to get free and reduced-price meals.

Health Benefits Yes, I want health insurance for my children. School officials may give information from my Free and Reduced-Price School Meals Application to Medicaid or Sooner Care Benefits Officials so that they can send me information about free or low-cost health insurance for my children.

NO, I DO NOT want information from my Free and Reduced-Price School Meals Application shared with Medicaid or Sooner Care Benefits officials.

I certify that I am the Parent/Guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2012

Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

Privacy Act Statement: This explains how we will use the information you give us. 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 supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPRI identifier for your child or when you indicate that the adult household member is 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination: Write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866)632-9992(voice). Individuals who are hearing-impaired 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."

DO NOT FILL OUT THIS PART

Annual Income conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ Household size _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Categorical Eligibility: _____ Date Withdrawn: _____

TEMPORARY: Free _____ Reduced _____ Time Period: _____ (Expires after 45 days)

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

NOTES:

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

Please REVIEW Application.