

CHARLOTTE COUNTY PUBLIC SCHOOLS APPLICATION FOR FREE AND REDUCED PRICE BREAKFAST AND LUNCH 2011-2012

Please complete parts 1, 2, 3 and 4. Please use **BLACK** or **BLUE** ink only.

Part 1. Do not use pencils to complete. List **LEGAL NAME** of all children who attend Charlotte County

Public Schools. - **Do not use nicknames.** Check if additional listing is attached

If you use pencil, we will return your application.

LAST NAME	M.I.	FIRST NAME	Birthdate ex. 1/1/90	School Name	Grade	If Foster Child
1.						
2.						
3.						
4.						
5.						

A Foster child is the legal responsibility of a welfare agency or court. If **all** children listed are foster children, please skip to Part 5 below. If not, then complete Parts 2, 3, 4, and 5.

WIC - Children in households participating in WIC MAY be eligible for free or reduced meals.	Student's Job Income					All Other Income	Student's Other Income					If No Income
	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly		Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	
\$	Check One					\$	Check One					
\$	Check One					\$	Check One					
\$	Check One					\$	Check One					
\$	Check One					\$	Check One					
\$	Check One					\$	Check One					
\$	Check One					\$	Check One					

Part 2. If any household member receives Florida SNAP (Food Stamps), FDPIR **or** Florida TANF Cash Assistance, provide the name and case number (this is a 10 digit number, starting with a "1", it is **NOT** the number on your card). Name _____ Food Stamp Case Number _____

Part 3. If you are HOMELESS MIGRANT RUNAWAY CHILD or UNACCOMPANIED YOUTH (a child not living with a legal guardian): CALL Social Worker, Lucy Garner at (941) 255-7480.

Part 4. List names of everyone else (adults, grandparents, pre-school children, etc.) in household. Including yourself. Check if additional listing is attached.

PLEASE CHECK HOW OFTEN INCOME IS RECEIVED.
Weekly is once a week, Every 2 wks is every 2 weeks, Twice/Mon is 2 times a month (like on the 15th & 30th), Monthly is each month.
****Only seasonal, migrant, or self-employed families can report yearly income.**

Failure to list **ALL** members of the household and their income could **DELAY** the processing of your meal application.

	Job Income before taxes	Job Income					Welfare, Child Support, Alimony	Pensions, Retirement Social Security					All Other Income	If No Income					
		Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly		Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly							
1.	\$	Check One					\$	Check One					\$	Check One					
2.	\$	Check One					\$	Check One					\$	Check One					
3.	\$	Check One					\$	Check One					\$	Check One					
4.	\$	Check One					\$	Check One					\$	Check One					

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD: _____
(Must equal number of names listed in Part 1 and Part 4.)

Please return your completed application to your child's school **OR** mail to: Champ's Café
1016 Education Ave., Punta Gorda, FL 33950. For questions, call (941) 575-5400 x 109.

Part 5. SIGNATURE: An adult household member must sign the application. If income section is completed, the adult signing the form must provide the **last four digits** of his/her Social Security Number **OR** mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Signature of Adult _____ Printed Name _____ Social Security # xxx - xx - _____

Mailing Address _____ Apt.# _____ Home Phone _____ I do not have a Social Security #

City _____ Zip Code _____ Work Phone _____ Date Signed _____

DO NOT WRITE BELOW THIS LINE For Food Service Office Use Only Yearly Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice/Month x 24; Monthly x 12
Total Income _____ Per Week Every 2 Weeks Twice/Month Month Year
Household Size _____ Categorical Eligibility: Free Reduced Denied Temporary Free Expires _____

Determining Official _____ Date _____ Confirming Official _____ Date _____

Follow-up Official _____ Date _____

HOUSE NUMBER					
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PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY!
 IF YOU DON'T QUALIFY NOW, PLEASE RE-APPLY AT ANYTIME THROUGHOUT THE SCHOOL YEAR!

For questions, call (941) 575-5400 ext. 109

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 a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Children 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 the law enforcement officials to help them look into violations of program rules.

"The disclosure of the last four digits of the social security number is voluntary; however, the last four digits, or an indication of "none," is required for approval of the application. The last four digits of the social security number is required under provisions of the Richard B. Russell National School Lunch Act (NSLA)."

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."

Notes: