

**2020-2021 Lowndes County Schools Application for Free and Reduced-Price Meals** Complete one application per household for all students.

Family ID# \_\_\_\_\_

Please read the instructions included with application on how to apply, print clearly with a pen and if more spaces are required for additional names, attach another sheet of paper.

**YOU MAY APPLY ONLINE: [myschoolapps.com](http://myschoolapps.com)**

**STEP 1 – CHILD INFORMATION:** Children in Foster Care or who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH CHILD (household members who are infants, children and students up to grade 12) (Last, First & Middle Initial)	Enter School Name, Grade Level and indicate if child is a Lowndes student			Enter Student's Birthdate	Check the applicable box if the student is Foster, Homeless, Migrant or Runaway			
	Lowndes High	11	yes /no		Foster	Homeless	Migrant	Runaway
EXAMPLE: Adams, Joseph P	Lowndes High	11	yes /no	12-15-2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: SNAP, TANF, or FDPIR**

Do ANY household members (child or adult) currently participate in SNAP, TANF or FDPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:  SNAP  TANF  FDPIR

Enter Case Number: (Not EBT card number)

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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 (check one):**  
 Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  
 American Indian or Alaskan Native  Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  White

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' in STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Mark how often the income amount is received.

Total STUDENT Income	How often is this amount received?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. 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. Mark how often the income amount is received.

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How often is this amount received?				Public Assistance/SSI Child Support/Alimony	How often is this amount received?				Pensions/Retirement All Other Income	How often is this amount received?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C. Total Household Members**  Children +  Adults =

**D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** XXX-XX- OR Check the box if NO SSN

**STEP 4 – CONTACT INFORMATION AND ADULT SIGNATURE:** Certification: 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.

**DO NOT COMPLETE. SCHOOL USE ONLY**

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12  
 How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Total Household Size:  Eligibility Status:  Free  Reduced-price  Paid (Denied)  Categorical

Verified as:  Homeless  Migrant  Runaway  Incomplete

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of adult completing this application (Required): **X**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This institution is an equal opportunity provider.

Return completed application to your student's school cafeteria or to the Lowndes Nutrition Office at: 1500C Lankford Drive, Valdosta, GA 31601