INSTRUCTIONS FOR APPLYING

Please complete the application using the instructions given below. Sign the application and return it to the food service manager where one of your children goes to school. Use black or dark blue ink. Do not use pencil or red ink.

Please Note: It may take up to 10 days to process your application. Students are expected to pay full price for their meals until the application has been processed.

Entering information carefully and completely will speed processing.

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: Print names of all your children who attend DeKalb County Schools in the spaces provided.
List date of birth, grade, school and a Food Stamp or TANF case number.
Be sure to use the Food Stamp or TANF case number, *not* the debit card number.
Do not include Foster children in part 1. Use a separate application for each Foster Child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary if a Food Stamp of TANF number is provided.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. Skip to Part 2.
Part 2: List the child's name, date of birth, grade, school and monthly income, if any. If no income, enter "0"
Part 3: Skip this part.
Part 4: Sign the form and enter address information. A Social Security Number is not necessary for a foster child.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Print names of all your children who attend DeKalb County Schools in the spaces provided.
List date of birth, grade, school and a Food Stamp or TANF case number.
Do not include Foster children in part 1. Use a separate application for each Foster Child.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach a second application if needed.
Column 2 – Student Grade: List grade for all family members enrolled in DeKalb County Schools
Column 3–Check if no income: If the person does not have any income, check the box.
Column 4 - 6 –Gross income last month by income type. Next to each person's name list each type of income received last month in the correct column. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. List the amount received in one month.
All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES. *All Other Income* may include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report monthly net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

To determine Monthly Income:

Income Received Weekly	**Multiply by 4.33**
Income Received Every Two Weeks	**Multiply by 2.15**
Income Received Twice Monthly	**Multiply by 2**

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

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Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary if a Food Stamp of TANF number is provided.

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Part 2: List the child's name, date of birth, grade, school and monthly income, if any. If no income, enter "0"
Part 3: Skip this part.
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List date of birth, grade, school and a Food Stamp or TANF case number.
Do not include Foster children in part 1. Use a separate application for each Foster Child.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach a second application if needed.
Column 2 – Student Grade: List grade for all family members enrolled in DeKalb County Schools
Column 3–Check if no income: If the person does not have any income, check the box.
Column 4 - 6 –Gross income last month by income type. Next to each person's name list each type of income received last month in the correct column. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. List the amount received in one month.
All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES. *All Other Income* may include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report monthly net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

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Complete ONE APPLICATION for ALL STUDENTS in the household. Return application to youngest child's school.

USE BLUE OR BLACK INK (USE TINTA AZUL O NEGRA)

DeKalb County Schools
2007 - 2008 FAMILY APPLICATION FOR MEAL BENEFITS

Complete UNA APLICACION para TODOS ESTUDIANTES en la casa. Vuelva la aplicación a la escuela más joven del niño.

PRINT NEATLY (ESCRIBE CLARAMENTE CON LETRA DE MOLDE)

Part 1. STUDENT'S INFORMATION - List all DeKalb County Schools students living with you except foster children. (SEE PART 2). If you have a Food Stamp or TANF case number, mark the corresponding choice and list the case number (NOT debit card number).

Student ID Number (Número de Identificación del Estudiante)	Name of ALL Student(s) attending DeKalb County Schools (Nombre del (de los) estudiante(s) que asistan a una Escuela del Condado de DeKalb) Last (Apellido) First (Nombre) MI (Inicial)	Student's Date of Birth (Fecha de Nacimiento)	Grade (Grado)	School Name (Nombre de la Escuela)	Enter your Case Number. Mark F for Food Stamp or T for TANF. (Liste el Número de Serie). (Marque F para Estampillas de Comida o T para TANF).
		/ /			F T
		/ /			F T
		/ /			F T
		/ /			F T
		/ /			F T
		/ /			F T

Part 2. FOSTER CHILD - List the foster child in the space provided, and complete Part 4. Use a separate application for each foster child.

Student ID Number (Número de Identificación del Estudiante)	Foster Child's Name (Nombre del niño acogido) Last (Apellido) First (Nombre) MI (Inicial)	Student's Date of Birth (Fecha de Nacimiento)	Grade (Grado)	School Name (Nombre de la Escuela)	Child's Personal Use Income. Write "0" if none. Anote los ingresos que recibe el niño para su uso personal. Si no recibe ningún ingreso, escriba "0".
		/ /			$.

Part 3. HOUSEHOLD MEMBERS AND INCOME - PRINT the names and income of ALL adults and children living in your home. Include students listed in Part 1.

List the names of ALL household members. Liste los nombres de todo los miembros de su Hogar. Last (Apellido) First (Nombre) MI (Inicial)	List Student Grade (Indique el grado del Estudiante)	Check here if NO Income (Marque si no ingresos)	LIST MONTHLY INCOME BEFORE TAXES: MONTHLY earnings from work before deductions (Ingresos mensuales brutos (antes de impuestos))	MONTHLY Welfare / Child Support / Alimony (Ingresos mensuales de Ayudas Sociales, Pensiones Infantiles o Pensiones Alimenticias)	MONTHLY Pensions / Retirement / Social Security / Other Income (Ingresos mensuales de Pensiones, Jubilación y Seguro Social, Cualquier otro ingreso MENSUAL)
1)		☐	$.	$.	$.
2)		☐	$.	$.	$.
3)		☐	$.	$.	$.
4)		☐	$.	$.	$.
5)		☐	$.	$.	$.
6)		☐	$.	$.	$.
7)		☐	$.	$.	$.
8)		☐	$.	$.	$.

Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER - (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number, or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in the instructions). Upon signing 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.

(Un miembro adulto de la casa debe firmar la aplicación. Si Parte 3 es completado, el adulto que firmo la aplicación debe listar su Número del seguro social, o marcar el "No tengo un Número del seguro social" caja. (Vea la Declaración del Acto de la Intimidad en las instrucciones). A firmar yo certifico (prometo) que toda información en esta aplicación es verdad y que todos ingresos se informan. Entiendo que la escuela obtendrá los fondos federales basados en la información que doy. Entiendo que funcionarios de la escuela pueden verificar la información. Entiendo que si doy deliberadamente información falsa, mis niños pueden perder los beneficios de comida, y yo puedo ser procesado).

X

Signature of adult household member (Firma del Miembro Adulto del Hogar)

Social Security Number (Número del Seguro Social) - -

☐ I do not have a Social Security Number / No tengo un Número del seguro social

Date (Fecha) / /

Parent/Guardian First Name (Nombre de pila del padre/tutor)

Parent/Guardian Last Name (Apellido del Adulto del Hogar)

Home Phone (Teléfono del Hogar) - -

Work Phone (Teléfono del Trabajo) - -

Household Size (Número de miembros en su hogar)

Address (Dirección postal o de domicilio) City (Ciudad) State (Estado) Zip Code (Código Postal)

7766452423

This institution is an equal opportunity provider.