



<b>Part 6 - Foster Children</b> <i>In most cases foster children are eligible for free meals regardless of your household income</i>	
Foster Home License Number: _____ (optional)	
___ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.	
___ B. The child is a resident of a licensed "Group Foster" home or a residential institution.	

<b>Part 7 - Child's Racial/Ethnic Identity (optional)</b>	
Check one or more racial identities:	Check one ethnic identity:
___ American Indian or Alaskan Native	___ Asian
___ Black or African American	___ White
___ Native Hawaiian or Other Pacific Islander	___ Other
	___ Hispanic or Latino
	___ Neither Hispanic nor Latino

<b>Privacy Act Information: Social Security Number</b>
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 Supplemental Nutrition Assistance 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.

<b>Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.</b>
"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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

<b>Verification - This is for school use only</b>			
Date Selected for Verification: _____		<b>Sample Selection:</b>	
Confirming Official's Signature: _____		___ Standard Basic	
Response Due from Household: _____		___ Alternate-Random	
Date Follow-up/Second Notice: _____		___ Alternate-Focused	
Follow-up Official's Signature: _____			
<b>FAP/FIP Eligibility:</b>	<b>Income</b>	<b>Verification Result:</b>	
___ Not Confirmed	\$ _____	___ Free to Reduced	
Confirmed:	___ Weekly	___ Free to Paid	
___ Department of Human Services	___ Every 2 Weeks	___ Reduced to Free	
___ Notice of Eligibility	___ Twice a Month	___ Reduced to Paid	
	___ Monthly	___ No Change	
	___ Annual		
<b>Reason For Eligibility Change:</b>	Date Adverse Notice Sent: _____		
___ Income	Verification Official's Signature: _____		
___ Household Size			
___ Refused to Cooperate			
___ Other _____			

<b>Approval/Disapproval - This is for school use only</b>		
<b>Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12</b>		
Household Size: _____	___ Foster Child	<b>Reason for Denial:</b>
Total Gross Income: \$ _____	___ Categorical Eligibility	___ Income too High
___ Weekly		___ Incomplete Application
___ Every 2 Weeks		___ Other (specify) _____
___ Twice a Month		
___ Monthly	<b>Eligibility:</b>	
___ Annual	___ Free	
	___ Reduced	
	___ Paid	
	___ Temporary Free- Time Period: _____ (expires after _____ days)	
Determining Official's Signature: _____	Date: _____	Date Dropped/Withdrawn: _____