

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 5/09) G/Tools/SNP/Application for Free and Reduced-Price Meals

1. **Households** not receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps), TANF, or Commodity assistance, complete **only section 1**, sign below and return.

2. **SNAP Households, TANF, or Commodity Recipients:** If this application is for a child(ren) receiving any of these benefits, complete **only section 2**, sign below and return.

3. **Foster Child:** If this application is for a foster child, complete **only section 3**, sign below and return.

1. **Households:** (a) List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper. (b) List all income on the same line with the person who received it. Record income under the correct pay period category. See the back of this application for additional assistance with income. (c) Print the Social Security Number of the household member who signs the form. If this household member does not have a Social Security Number, write "none". If all children receive SNAP benefits, TANF or Commodity Assistance, DO NOT complete section 1.

HOUSEHOLD MEMBERS: List the names of all household members	SCHOOL (if applicable)	Grade	Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once .				Other Income		
			Weekly	Every Two Weeks	Twice a Month	Monthly	Farm/Self Employment (Annual) (see back)	Child Support/ Spousal Support (indicate how often)	All Other Income (interest, unemploy., Soc. Security) (indicate how often)
1.									
2.									
3.									
4.									
5.									
6.									

Name of the Household Member who Signs this Form:

Social Security Number:

2. **SNAP Households, TANF, or Commodity Recipients:** If you are NOW receiving SNAP benefits or TANF for your child(ren), enter the SNAP or TANF case number(s) in the space provided at the left. If you are now receiving Commodity assistance through the Food Distribution Program on Indian Reservations (FDPIR) for your child(ren), indicate "yes" in the space beside the notation. "FDPIR Commodity Assistance." Sign the application and return it to the school. If there is any child for whom you do not receive SNAP, TANF, or Commodity assistance, complete Section 1 for that child. If you receive a Meal Benefit Notice from the Department of Public Instruction, you may sign that notice and submit it to the school instead of this application.

Case Number	Child's Name	School	Grade	Child's Name	School	Grade
TANF #						
SNAP #						
FDPIR Commodity Assistance						

3. **Foster Child:** In certain cases a foster child is eligible for free or reduced-price meals regardless of your household income. If you have a foster child living with you who meets the definition of a foster child as defined on the back of this application, complete this section only, sign the application and return it to the school office. **You must complete a separate application for each foster child.**

Foster Child's Name	School	Grade	MONTHLY INCOME: (monies received for child's personal use only, even if \$.00)
			\$

OTHER BENEFITS: If your children are not currently covered by health insurance, they may be eligible for one of the children's health insurance programs. Call 1-877-KIDS NOW (1-877-543-7669) for information and application assistance.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member		Date		Home Phone		Work Phone		
Print Name (last, first)		Street Address			City		State	Zip

