

2020-2021 Application for Free and Reduced Price School Meals

Nutrition Services • 1242 East Best Avenue • Coeur d'Alene, Idaho 83814

Complete one application per household. **YOU MUST FILL OUT A NEW APPLICATION EACH YEAR.** Please use a pen (not a pencil).

Phone 208 667-7469 • Fax 208 765-5781 • www.cdaschools.org

Step 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals**

Child's First Name	MI	Child's Last Name	Student? Yes / No	School Name	Foster? (check if yes)	Homeless, Migrant or Runaway? (check if yes)

If you have been notified by the Nutrition Services office this school year that your child is approved for free meals, do not complete this form.

Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDIPIR? Circle one: YES / NO

If you answered NO > Complete STEP 3 If you answered YES > Write a Case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space. Quest Card # Not Allowed

Step 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household receive and/or earn income.

Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do 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.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	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"/>
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	\$	<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"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X - X X -

Check if no SSN

Step 4 Contact information and adult signature

"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."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date

OPTIONAL Children's Racial and Ethnic 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/Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander

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 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.

Official Use Only – Do Not Write in Boxes Below

Signature of Confirming Official: Date 1st Notification Sent: Date 2nd Notification Sent:

Results: No Change Free to Reduced Reduced to Free Ineligible – Reason:

Signature of Verifying Official: Date:

Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12

Date Notice Sent:

Date Determined:

Household Determination: Foster Student(s) Food Stamp/TAFI/FDIPIR Frequency Income: Total Income \$ # in Household

Denied: Income over Allowed Free Meals Reduced-Price Meals Incomplete/Missing Other

Approved: Free Meals Reduced-Price Meals Incomplete/Missing Other

DATE RECEIVED BY DISTRICT OFFICIAL:

Signature of Determining Official: