

2008 - 2009 Free and Reduced School Meals Household Application

Fulton County Schools

Please refer to instructions on back. Use Black Ink. Complete one application per household. Complete a separate application for each Foster Child.

1 List Students Living in Household Attending Fulton County Schools Print Neatly with BLACK INK student name, birth date, grade, school code, Food Stamp or TANF number, and income of EACH ENROLLED child if applicable. A FOSTER CHILD must be listed individually on a SEPARATE APPLICATION.

Print Name for ALL Students Attending Fulton County Schools			Date of Birth			Grade	School Code (See back cover)	Food Stamp or TANF# (Do not use Debit card or Medicaid #)	Box MUST be checked if No Income	STUDENT'S Monthly Income if any	Check the box for any child(ren) who did not receive free/reduced meals in Fulton County Schools last year.
First Name	MI	Last Name	MM	DD	YY				\$		
Jimmy		Fallen	07	02	87	13	914		<input type="checkbox"/>	\$ 220.00	<input type="checkbox"/>
David		Fallen	05	10	89	11	914		<input checked="" type="checkbox"/>	\$. . .	<input type="checkbox"/>
Mary		Fallen	10	12	93	07	697		<input checked="" type="checkbox"/>	\$. . .	<input type="checkbox"/>
Sue		Fallen	11	13	94	06	697		<input checked="" type="checkbox"/>	\$. . .	<input checked="" type="checkbox"/>
Brian		Golden	12	23	96	04	602		<input checked="" type="checkbox"/>	\$. . .	<input checked="" type="checkbox"/>
Michelle		Golden	12	05	00	PK	602		<input checked="" type="checkbox"/>	\$. . .	<input checked="" type="checkbox"/>

2 HOMELESS, MIGRANT, RUNAWAY If the child you are applying for is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call your homeless liaison/migrant coordinator.

H M R

3 FOSTER CHILD: EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION.

X here if this application is for a child who is the legal responsibility of a welfare agency or court, AND list the child's monthly personal use income to the right. Write "0" if child does not receive personal use income. \$. . .

4 List All Other people living in Household. DO NOT INCLUDE Students already Listed.
List total gross monthly income before taxes and deductions.

Print first and last name of all adults and children not listed above	Box MUST be checked if No Income	Earnings from Work Before Deductions: (Monthly)	Welfare Payments, Child Support/Alimony (Monthly)	Pay from Pensions, Retirement / Social Security (Monthly)	Any Other Income (Monthly)
Susan Fallen	<input type="checkbox"/>	\$ 1200.00	\$ 150.00	\$. . .	\$. . .
Mike Fallen	<input type="checkbox"/>	\$ 3000.00	\$ 300.00	\$. . .	\$. . .
Sarah Fallen	<input type="checkbox"/>	\$. . .	\$. . .	\$ 500.00	\$. . .
Billy Fallen	<input checked="" type="checkbox"/>	\$. . .	\$. . .	\$. . .	\$. . .
	<input type="checkbox"/>	\$. . .	\$. . .	\$. . .	\$. . .
	<input type="checkbox"/>	\$. . .	\$. . .	\$. . .	\$. . .

To Determine Monthly Income: Multiply Weekly by 52 and divide by 12, Every Two Weeks by 26 and divide by 12 or Twice Weekly by 24 and divide by 12.

5 ENTER THE TOTAL NUMBER OF HOUSEHOLD MEMBERS (Add the Names listed in Parts 1&4)

7 Mailing Address: Apt #

Home Phone: -

City: Zip: Work/Cell Phone: -

8 Race Identity (Optional) Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other

Ethnic Identity (Optional) Hispanic or Latino NOT Hispanic or Latino

6 CERTIFICATION: I certify (promise) that all information on this application is true and correct, that all income is reported and/or the food stamp or TANF case number is correct. 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 under state and federal statutes.

SIGNATURE: An adult household member must sign the application. If part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "X" here if you do not have a Social Security Number" box. (See Privacy Act Statement on back of the page.)

ADULT Social Security Number - - X here if You DO NOT have a SSN

X ADULT SIGNATURE REQUIRED

NAME

NAME

DATE SIGNED

Return to School Cafeteria Manager
of The Youngest Child