2018-2019 Family Application For Meal Benefits

Read Instructions On Back. Use Black Ink. Print Neatly Within Boxes and Avoid Stray Marks. Please Use CAPITAL LETTERS. Complete One Application Per Household.

1 CHILDREN IN SCHOOL

Include ALL STUDENTS CURRENTLY ENROLLED in Santa Rosa County Schools. Foster Children will receive free benefits regardless of the child's personal income or the household income. if you have foster children living with you and wish to apply for such meals, please contact your school directly and check box for foster student. LIST ALL OTHER STUDENT GROSS INCOME before taxes and deduction.

In the "FREQ" box enter HOW OFTEN THE INCOME IS RECEIVED (W=Weekly, B=Bi-Weekly, T=Twice a Month, M=Monthly)

2 HOMELESS, MIGRANT or RUNAWAY

If the child for whom you are applying is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call Dr. Karen Barber at 850.983.5001

H M R

3 SNAP/TANF BENEFITS

If any member of your Household receives SNAP or TANF assistance, please enter the name and case # for one of the members. Skip part 4 and 7.

First Name (legal)	MI	Last Name	Date of Birth M M D D Y Y	Student Income (if any)	Freq	No Income	Check if Foster Student F
				$.			
				$.			
				$.			
				$.			
				$.			
				$.			

Santa Rosa County School District

"A Tradition of Excellence"

4 ALL OTHER HOUSEHOLD MEMBERS: Include ALL other household members and their income. LIST TOTAL GROSS INCOME before taxes and deductions and, in "Freq" box, HOW OFTEN INCOME IS RECEIVED (W=Weekly, B=Bi-Weekly, T=Twice a Month, M=Monthly) Check "No Income" box or enter income amount where applicable but do not put "NONE" or "NA".

Name of person receiving benefits

SNAP or TANF Case #

Print legal first and last name of other adults and children not listed above, including suffix (Jr, Sr) if applicable.

	Earnings from Work Before Deductions	Freq	Welfare Payments, Child Support/Alimony	Freq	Pensions, Retirement/Social Security	Freq	All Other Income	Freq	No Income
	$		$		$		$		
	$		$		$		$		
	$		$		$		$		
	$		$		$		$		
	$		$		$		$		
	$		$		$		$		

5 TOTAL # OF PEOPLE LIVIING IN YOUR HOUSEHOLD

6 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) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

7 An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her last 4 digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page).

ADULT SIGNATURE REQUIRED: X

FIRST NAME (clearly print)

LAST NAME (clearly print)

DATE SIGNED M M D D Y Y

ADULT Social Security Number X X X - X X-

X Here if You DO NOT have a SSN

MAILING Address

Apt #

City

State

Zip

( ) -

DAYTIME Telephone Number

8 Race Identity Mark One or More (Optional)

American Indian or Alaska Native | Asian | Black or African American | White | Native Hawaiian or Other Pacific Islander

Ethnic Identity Mark One (Optional)

Hispanic or Latino | NOT Hispanic or Latino

E

9 Yes, School Officials may give information from this form to Medicaid or State Children's Health Insurance Program (SCHIP officials who may use the information to determine my children's eligibility for Health Insurance under Medicaid or SCHIP and may contact me for more information. This information may be shared with school administrators and Cayen Information Systems ((Title 1 Programs). I understand that I will be releasing information showing that I applied for free and reduced price meals for my children and giive up my right of confidentiality for this purpose only. I certify that I am the parent/guardian of the children for whom the application is made.

ADULT SIGNATURE

X

M M D D Y Y