

# New York City Department of Education 2017-2018 Application for Free and Reduced-Price Meals

**COMPLETE ONE APPLICATION FOR ALL CHILDREN IN HOUSEHOLD ATTENDING ANY SCHOOL. RETURN APPLICATION TO YOUR CHILD'S SCHOOL.**

**PART 1**

I DO NOT QUALIFY FOR FREE OR REDUCED-PRICE MEALS. Complete PART 2 with student information, go to PART 5 to sign and date form. Return to school.

**PART 2**

**USE BLACK INK**

	Birth Date			Print legal name of students attending school in grades pre-k to high school					Homeless, Migrant, Runaway Foster Child		Print STUDENT ID NUMBER, SCHOOL NAME and Grade in the space provided.			
	MM	DD	YY	FIRST NAME		MI	LAST NAME		<input type="checkbox"/>	<input type="checkbox"/>	*STUDENT ID (OSIS #)	SCHOOL NAME		GRADE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 3**

Do any Household Members (including you) currently receive SNAP (food stamp), FDPIR or TANF benefits? If NO, go to Part 4. If YES, write the case number from your benefit letter here then go to Part 5 to sign and date form (Do not complete PART 4)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PART 4**

Print legal name of ALL Household Members NOT listed in Part 2 (Including yourself) even if they do not receive income.

FOR EACH HOUSEHOLD MEMBER LISTED: If they receive income, report total income from each source in whole dollars only and shade the frequency to show how often the total income is received. If how often is not included, the income reported will be processed as received WEEKLY. If they do not receive income from any source write zero where there is no income to report. Any field left blank is a positive indication of no income and certifies that there is no income.

	Gross Earnings from Work	HOW OFTEN?				Child Support / Alimony Payments	HOW OFTEN?				Pay from Pension, Retirement / SSI	HOW OFTEN?				Any Other Income	HOW OFTEN?			
		Weekly	Bi Weekly	2x Monthly	Monthly		Weekly	Bi Weekly	2x Monthly	Monthly		Weekly	Bi Weekly	2x Monthly	Monthly		Weekly	Bi Weekly	2x Monthly	Monthly
1	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF HOUSEHOLD MEMBERS (Add the names listed in Parts 2 and 4)

ADULT HOUSEHOLD MEMBER Write last 4 numbers of SSN  If you do not have a SSN mark  here

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 or more):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**PART 5**

**SIGNATURE: AN ADULT HOUSEHOLD MEMBER MUST SIGN THIS APPLICATION AND PROVIDE THE LAST FOUR DIGITS OF THEIR SOCIAL SECURITY NUMBER [SSN], OR MARK THE "I DO NOT HAVE A SSN BOX" BEFORE IT CAN BE APPROVED.** I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds, the school officials may verify the information, and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws and my children may lose meal benefits. TELEPHONE NUMBER

<input checked="" type="checkbox"/> PRINT	Address <input type="text"/>	Apt # <input type="text"/>	E-MAIL ADDRESS <input type="text"/>
<input checked="" type="checkbox"/> SIGNATURE	City <input type="text"/>	Zip <input type="text"/>	ENTER TODAY'S DATE <input type="text"/>

ADULT HOUSEHOLD MEMBER NAME AND SIGNATURE