

## 2010-2011 Application for Child Nutrition Program Benefits

**Important! Important!** Carefully follow instructions. An incomplete application cannot be approved. Complete one application per foster child OR household. Return completed application to school.

A. HOUSEHOLD MEMBERS						GROSS INCOME BEFORE ANY DEDUCTIONS					
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in USD 340 – Jefferson West Schools			Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly				Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work		Other Regular Income		
							Amount	Circle Frequency	Amount	Circle Frequency	
1. <input type="checkbox"/>						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
2.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>

**B. ADULT HOUSEHOLD MEMBER INFORMATION** – Refer to the Privacy Act Statement on the reverse side of this application.

Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_ OR write NONE if you have no SSN Date \_\_\_\_\_

**FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.**

<p><b>Application Type</b> (check one)</p> <p><input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____</p> <p>Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly</p> <p><input type="checkbox"/> Food Assistance or TAF or FDPIR</p> <p><input type="checkbox"/> Foster Child – Annual personal use income: \$ _____</p>	<p><b>Application Status</b></p> <p>Approved.....<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price</p> <p>Temporarily Approved...<input type="checkbox"/> Free OR <input type="checkbox"/> Reduced Price Expires On: _____</p> <p>Denied .....<input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete/missing:</p> <p>Notes: _____</p>
---	--

Determining Official's Signature: \_\_\_\_\_ Approval/Denial Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Processor's Initials: \_\_\_\_\_ Confirming Official's Signature (ONLY for applications to be verified): \_\_\_\_\_ Review Date: \_\_\_\_\_