2009-2010 MARTIN COUNTY SCHOOL DISTRICT Family Application for Free and Reduced Price Meals. THIS APPLICATION MAY BE COMPLETED ONLINE AT: http://fns.sbmc.org

READ INSTRUCTIONS ON BACK. USE **BLACK INK**. PRINT NEATLY WITHIN BOXES. PLEASE USE **CAPITAL LETTERS**. COMPLETE ONE APPLICATION PER HOUSEHOLD OR PER FOSTER CHILD.

1 Households with a FOSTER CHILD: EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION ☐ Place an X here if this application is for a child who is the legal responsibility of a welfare agency or ward of the court. Skip Sections 2, 4, 5, 6, & 9.

2 H **HOMELESS:** Call 772-219-1200 x 30255 for Homeless status confirmation. M **MIGRANT:** Families that move to obtain temporary or seasonal work in agriculture, dairy or fishing industry. Call 772-219-1200 x 30277 for Migrant status onfirmation. R **RUNAWAY**

3 **STUDENT INFORMATION:** Print the student's birth date, name, grade and school. If this is a Foster Child application, only list one foster child – DO NOT list any other students. If student has no income, place an X in the box next to the school name, otherwise enter income BEFORE deductions and fill in appropriate pay frequency. LIST INDIANTOWN MIDDLE AND WARFIELD ELEMENTARY STUDENTS IN THE HOUSEHOLD SECTION.

4 **Food Stamp, TANF, or FDPIR Benefits:** If you currently receive Food Stamp, TANF or FDPIR benefits, list a current case number for **EACH CHILD. This is NOT your EBT card number.**

For District Use Only	Student's Birth Date	Student's Last Name	Student's First Name	Grade	School Name	If NO income put an X in this box	IF APPLICABLE, STUDENT'S INCOME ONLY — List any salary, wages, Child SSI, Foster Personal Use Income and pay frequency — INCOME (Dollars & Cents)	How Often? (W, 2W, M, 2M)
	02 16 01	DOE	MARY	3	PSE	X		
	11 08 97	DOE	JAMES	6	MMS		85 00	
	04 27 93	DOE	RAYMOND	10	SFHS	X		

5 ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE. If a member has no income, put an X in the box next to their name. Enter all income BEFORE TAXES AND DEDUCTIONS in dollars and cents in every column and fill in the appropriate pay frequency circle. (W = Weekly, 2W = Every two Weeks, M = Monthly or 2M = Twice a Month)

List Last & First Names of everyone living in your house; Be sure to include non-school age children. DO NOT INCLUDE THE STUDENT(S) LISTED ABOVE.	If NO income put an X in this box	Gross earnings before deductions; Job 1. Fill in the appropriate pay frequency. INCOME (Dollars & Cents)	How Often?	Welfare payments, child support, alimony. Fill in the appropriate pay frequency. INCOME (Dollars & Cents)	How Often?	Pension, Soc. Security, child SSI, perm. disability, other income. Fill in the appropriate pay frequency. INCOME (Dollars & Cents)	How Often?	Job 2 or any other income. Fill in the appropriate pay frequency. INCOME (Dollars & Cents)	How Often?
DOE, JOHN		831 40	W ● M					65 00	● 2M
DOE, SUSAN		11525	● 2W M						
DOE, BABY	X								

6 0 6 **ENTER THE TOTAL HOUSEHOLD MEMBERS** Add the Names listed in Sections 3 and 5

7 Daytime Telephone Number ( ) -

8 **Low-cost health insurance** is now available to children through Medicaid or the State Children's Health Insurance Program (SCHIP). If you WANT information on this form to be shared with Medicaid or SCHIP, sign below.

YES - SHARE MY INFORMATION ☐

If you **DO** want this application to be used in determining your child(ren)'s eligibility in other educational programs, place an X in the box provided. ☐

SIGNATURE: The **adult household member who completed this application** must sign and include their Social Security number. A Social Security number is not required on Food Stamp, TANF, FDPIR or Foster Child applications. If you DO NOT have a Social Security number (SSN), place an X in the box provided.

9 NO SSN ☐ 000-55-1234

Social Security Number of Adult Household Member

CERTIFICATION: 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) 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.

10 Adult Household Member

X Susan Doe

PRINT your name in the boxes below

SUSAN

DOE

08 24 09

DATE SIGNED

ENG 09100027 / 071409

School Use Only

DATE ____ / ____ / ____

INITIALS

WORK LOCATION #

OFFICE USE ONLY

RETURN THIS APPLICATION TO THE SCHOOL WHERE YOUR YOUNGEST CHILD ATTENDS