

Signature of approving official: _____ Date: _____ F _____ R _____ D

COMPLETE ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

**SYRACUSE CITY SCHOOL DISTRICT
APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2008-2009**

To apply for free and reduced price meals for your children, read the instructions on the back, **complete only one form per household listing all students in #1**, sign your name and return it to the Food Service Department or your child's school. Call 435-4697 if you need help filling out this form.

1. CHILDREN IN SCHOOL: (Complete a **separate** application for each foster child)

Child's First Name **Last Name** **Grade** **School**

2. FOSTER CHILD: If the above named child is the legal responsibility of a welfare agency or court, check this box.
(separate application per foster child please). List the child's personal use income: \$ _____ (write 0 if the child has no personal income). Skip to **Part 5**.

3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF). Complete this section and sign the application in Part 5 or submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children in the household with a different case number or no case number. **NOTE: Write your case number as provided on your benefit letter, not the number on your benefit card.**

Food Stamp Case # _____ **TANF/FDPIR Case #** _____

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or TANF number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples =>	CURRENT INCOME / PAY PERIOD			
	Earnings from work before deductions	Child Support, Alimony, etc.	Payments from Pension or Retirement	Other income
	Examples: \$100.29/weekly \$100.29/bi-weekly \$100.29/ 2 x per month \$100.29/monthly			
	If pay period is not noted, reviewing official will process income amount as received WEEKLY.			
List the names of everyone in your household	Amount / How often	Amount / How often	Amount / How often	Amount / How often
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

5. SIGNATURE: An adult household member MUST sign this application 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; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws, and my children may lose meal benefits.

SIGNATURE: _____ **DATE:** _____ **SOCIAL SECURITY #** _____ - _____ - _____

NOTE: If part 4 is completed, the adult who signs the application **must** provide his/her Social Security number.

Home Telephone Work Telephone Mailing Address Zip Code

Si usted necesita esta aplicación en el español llama por favor el programa de refugiado 435-4984 o servicio de alimento de llamada en 435-4207.

Ukoliko trebate pomoć u ispunjavanju ovog obrasca molimo vas da nazovete Refugee Program na telefon 435-4984 ili Skolsku Menzu na telefon 435-4207



Food Service Department
369 SIXTH NORTH STREET
SYRACUSE, NEW YORK 13208
(315) 435-4207 FAX (315) 435-4879
CINDY M. BONURA
DIRECTOR OF FOOD AND NUTRITION

FREE AND REDUCED PRICE MEAL APPLICATIONS FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

Food Stamp/TANF/FDPIR number:

This must be the complete number supplied to you by the agency including all numbers and letters, for example, F123456. This number will begin with an F or P. Refer to a letter you received from your local Department of Social Services, your benefit sheet or call your social worker for the number. This number is not listed on your benefit card. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers.

Direct Certification:

If you received food stamps or TANF, send in the Direct Certification Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application.

Foster Child:

A child who is living with a family but who is under the legal care of the welfare agency or court. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household:

A group of related or non-related people who are living in one house or apartment and share income and expenses.

Adult Family Members:

All related and non-related people who are 21 years of age and older living in your home.

Financially Independent:

A person is financially independent and a separate economic unit-household when his or her earnings and expenses are not shared by the family/household.

Gross Income:

Is money earned or received by each member of your household before deductions. Examples of deductions are federal tax, state tax, and social security deductions.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment.
- Net farm income
- Pensions, annuities, or other retirement income including social security retirement benefits

Gross Income: (examples cont'd)

- Unemployment compensation
- Welfare payments
- Public Assistance payments
- Adoption assistance
- Strike benefits
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawal from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources.

Current Income:

Your income at the present time, **before deductions**. Farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need assistance in completing the application, please call the Food Service Department at 435-4697.