

New York City Department of Education

2009-2010 Application for Free and Reduced-Priced Meals

F R D

USE BLACK INK, PRINT NEATLY, COMPLETE ONE APPLICATION FOR ALL CHILDREN ATTENDING THE SAME SCHOOL. RETURN APPLICATION TO YOUR CHILD'S SCHOOL.

I DO NOT QUALIFY FOR FREE OR REDUCED-PRICED MEALS. Complete Part 2 and School Information. Sign and date form then return to school.

1

HOUSEHOLDS WITH FOSTER CHILDREN: You must complete a separate application for each foster child. Check box if this application is for a foster child

List the child's monthly personal use income. Write "0" if the child does not receive personal use income. \$. / Monthly

2

LIST ONLY THE CHILDREN ATTENDING THIS SCHOOL

Enter School Information

	* Birthdate			Print Legal Name of Students Attending This School (*Optional Information)					*Gender	*Grade	*OSIS # (School ID Number)
	MM	DD	YY	First Name	MI	Last Name					
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="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="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="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="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="text"/>	<input type="text"/>	<input type="text"/>

School Name

School #

Check Box for School Borough
 M BX Q BK SI

3 Write the Food Stamp or TANF case number as shown on your benefit letter. Do not use number on your benefit card. Sign the application in Part 5. You must complete a separate application for children with a difference case number or no case number.

FOOD STAMP Case #
(See Instructions)

TANF/FDPIR Case #

4

LIST THE NAMES OF ALL OTHER MEMBERS IN YOUR HOUSEHOLD. DO NOT INCLUDE CHILDREN ALREADY LISTED IN PART 2.

LIST ALL CURRENT INCOME AND PAY PERIOD

Current income is your income at the present time before taxes and other deductions. If pay period is not noted, the reported income will be processed as WEEKLY. Use these letters to indicate how often income is received. W=Weekly; B=Bi-Weekly; M=Monthly; T=Twice a month; Y=Yearly

	PRINT FIRST AND LAST NAME	Gross Earnings from Work (Before Deductions): ALL JOBS		Child Support/Alimony Payments		Pay from Pension, Retirement /Social Security		Any Other Income	
		How Often?	\$	How Often?	\$	How Often?	\$	How Often?	\$
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="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="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="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="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="text"/>
6.	<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"/>
7.	<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"/>

TOTAL HOUSEHOLD MEMBERS. Add the names listed in Parts 2 and 4 (enter 1 if Foster Child)

SIGNATURE: An adult household member MUST sign the 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.

5

Signature of adult household member completing this form

Print name of adult household member completing this form

Today's Date MM DD YY

Adult Household Member Social Security #

If you do not have a Social Security Number you must write the word "NONE"

Address Apt# City , NY Zip

Best Time To Call:

- 8 am - 11 am
- 11 am - 2 pm
- 2 pm - 5 pm
- 5 pm - 8 pm