

Maine Township High School District 207

2020-2021 FREE/REDUCED PRICE MEALS & FEE WAIVER APPLICATION INSTRUCTIONS

To apply for free and reduced-price meal services and/or fee waiver, complete the application using these instructions. Sign the application and return to the school.

1. APPLICANT INFORMATION *All Households Complete Section (1).*

- A. Print the name or names of the child(ren) you are applying for.
- B. List each child's student ID number.
- C. TANF case number-if applicable. List a current TANF case number or SNAP number for each child. Attach a copy of TANF/SNAP card(s) to application. *Link card number cannot be used. Skip to (6).*
- D. Check if the application is for a foster child. Attach a copy of the front and back of child's medical card. *Skip to (6).*

2. HOMELESS, MIGRANT, RUNAWAY OR HEAD START *(Categorically eligible)*

- A. Check box (if applicable) of student on application.
- B. Get corresponding signature. Go on to Section (3).

3. TOTAL HOUSEHOLD INCOME

- A. Write the names of everyone in your household, whether they receive income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space. Check the box at right if the member does not have any income.
- B. Fill in each persons total income and attach a copy of the most recent (2019) tax return - IRS Form 1040 and all W-2's/ 1099's for each household member where applicable. If there is no tax return, but the household member is employed, please state reason for no tax return. **Your application may be denied if you do not provide a copy of the 2019 tax return and all W-2's/1099's for each employed household member.**
- C. You must complete a **4506-T Request for Transcript of Tax Return Form** for each working household member that cannot provide a tax return. (1) Fill out the Student ID line at the top of the page. (2) Complete all items in Sections 1 through 4 as applicable. (3) Sign on the first signature line (only one signature is required); (4) date, (5) phone number.
- D. Skip to (6).

4. & 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES and *All Kids Information*

Answer these questions if you choose to.

6. SIGNATURE AND SOCIAL SECURITY NUMBER *All Households Complete This Part.*

- A. All applications must have the signature of an adult household member.
 - B. The adult signing the form must also list the last four numbers of his/her social security number.
 - C. If the adult does not have a social security number, mark the box indicating "I do not have a Social Security number."
 - D. A social security number is not required if you are applying with a SNAP or TANF case number or if you are applying for a foster child.
 - E. **If there is no social security number and the box indicating such is not checked, the application will be denied.**
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Privacy Act Statement: **This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf on a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: **This explains what to do if you believe you have been treated unfairly.** “In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”