

2019 - 2020 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION for OAK RIDGE SCHOOLS
ONE APPLICATION MUST BE SUBMITTED PER FAMILY

PART 1. LIST ALL HOUSEHOLD MEMBERS AND INCOME					Income Information for all household members. (Income not necessary if any household members receive SNAP. If so, give names of all household members and skip to Part 2.)										
Name of ALL household members. (First, Middle Initial, Last) List all children in school first. List all children even if in schools where all children eat at no charge	Check if no income (√)	Name of school your child is attending. Indicate N/A if child is not in school.	GRADE	Check if a foster child * if all children are foster children, check boxes and skip to Part 4. to sign this form	Income from Work before deductions	You must check one box per income				Child Support, Social Security Retirement Benefits Etc...	You must check one box per income				Describe Income Source
					\$ Amount	Monthly	Twice per month	Every 2 weeks	Weekly	\$ Amount (All other income) each check	Monthly	Twice per month	Every 2 weeks	Weekly	
1.				<input type="checkbox"/>	\$										
2.				<input type="checkbox"/>	\$										
3.				<input type="checkbox"/>	\$										
4.				<input type="checkbox"/>	\$										
5.				<input type="checkbox"/>	\$										
6.				<input type="checkbox"/>	\$										
7.				<input type="checkbox"/>	\$										
8.				<input type="checkbox"/>	\$										

Part 2. IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP OR Families First BENEFITS, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES THE BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3
 NAME of Case Holder CASE NUMBER (10 DIGITS STARTS WITH TWO ZEROS) 00 _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CIRCLE THE APPROPRIATE SELECTION AND CALL ORS AT 865.425-9009 FOR SERVICES AND ASSISTANCE (CIRCLE ONE) HOMELESS MIGRANT RUNAWAY

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN) 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.

SIGN HERE: _____ PRINT NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ ZIP CODE _____

PHONE NO. _____ EMAIL _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ***-**-____ OR I do not have a Social Security Number.

ALL APPLICATIONS MUST BE SIGNED and INCLUDE LAST FOUR DIGITS OF Social Security Number

PLEASE SEND MONEY TO PAY FOR MEALS UNTIL YOU RECEIVE WRITTEN NOTIFICATION ABOUT FREE AND REDUGED MEALS. If your child was free or reduced in the Oak Ridge School System on the last day of school, the status will carry over for 30 days or until your new application is approved, whichever occurs first.

PUPIL SERVICES OFFICE USE ONLY -- PLEASE DO NOT COMPLETE THIS PART--- Total Income: _____, Per Yr Mo 2 wks wk 2x mo Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason _____ Initials _____ Date _____

(over)

Confirmation check: _____ Date: _____