

Dear Parent or Guardian:

To assure the appropriate allocation of federal Title I dollars to your child(ren)'s school and to determine the eligibility of your child(ren) for certain rights and services under the No Child Left Behind Act you must complete this form, sign your name and return it to the school. Refer to the attached instructions for guidance to complete the form. Please note that your child's ability to receive a free meal at school will not be affected by this form in any way, as your child's school participates in the Universal School Meals program, whereby all students at the school are entitled to receive free meals at school regardless of income.

Also note that the information you provide on this form is confidential under the Federal Educational Rights and Privacy Act.

THE FOLLOWING INFORMATION WILL HELP YOU:

1. Do I need to fill out an application for each child? No. Complete only one application per household for all students attending the same school.
2. Each foster child must be listed on a separate application, with Part 2 completed and include an adult signature.
3. Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced-price meals? Please read the letter you received carefully and follow the instructions. Call your child(ren) school if you have questions.
4. Will the information I give be checked? The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing, if you have been selected for Verification. School officials may ask you to send supporting documents to verify your income
5. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relative, or friends) in Part 4. You must include yourself and all other children who live with you.
6. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

The school district may ask you at any time during the school year to verify the information you have stated on the application. The information provided on the application will be confidential and will be used for determining Title I and for the allocation of funds to other federal education programs such as the National Assessment of Educational Progress (NAEP), State health or State education programs, provided the State agency or local education agency administers the programs with eligibility standards comparable to the National School Lunch Program (NSLP).

If you have questions or need help completing this application, please contact the principal of your child's school for assistance.

Sincerely,
Joel I. Klein
Chancellor

GUIDE TO HOUSEHOLDS TO COMPLETE TITLE 1 INCOME ELIGIBILITY FORM

BEFORE YOU BEGIN PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE ALL REQUIRED AREAS SO THE APPLICATION CAN BE PROCESSED IN A TIMELY MANNER. CALL (718) 707-4400 IF YOU NEED ASSISTANCE.

1. COMPLETE ONLY **ONE APPLICATION FOR ALL CHILDREN** IN THE HOUSEHOLD **ATTENDING THE SAME SCHOOL**.
2. YOU MUST USE THE **RED** APPLICATION SENT BY THE SCHOOL **AND USE BLACK INK ONLY TO WRITE IN THE RED BOXES**.
3. IF YOU HAVE RECEIVED A LETTER FROM THE NYC DEPARTMENT OF EDUCATION THAT YOUR CHILD IS ELIGIBLE FOR FREE MEALS, YOU DO **NOT** NEED TO COMPLETE THIS APPLICATION.
4. IF YOU CHECK THE BOX IN THE SECTION **"I DO NOT QUALIFY FOR FREE OR REDUCED PRICED MEALS"** YOU MUST COMPLETE **PART 2**, THE SCHOOL INFORMATION SECTION AND SIGN AND DATE THE APPLICATION IN **PART 5**.

PART 1: IF YOU HAVE A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

1. You must complete a separate application for each foster child. Each foster child is considered a household of "1". Check the box if you have a foster child living with you
2. Write the child's monthly personal use income in the boxes. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) If the child is not receiving any personal use income write "0".
3. A foster parent or official representing the child must complete **PART 2** and then sign and date the application in **PART 5**.

PART 2: IF YOU HAVE A FOSTER CHILD LIST ONLY THAT CHILD'S NAME IN THIS SECTION – YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD.

1. Write the child's **full legal name - Last Name, First Name and Middle Initial**, if any.
2. Write the child's **date of birth, grade, gender** and **OSIS number** to speed up the application processing. The **OSIS number** can be found on the child's report card.
3. Write the child's **school name or number** and check the box of the **borough** where the school is located.
4. You must sign and date the application in **PART 5** – you do not need to report your social security number.

PART 2: IF YOU HAVE MULTIPLE CHILDREN IN THE HOUSEHOLD ATTENDING THE SAME SCHOOL, FOLLOW THESE INSTRUCTIONS:

1. Write the **full legal name** for up to **five** children – **Last Name, First Name and Middle Initial**, if any. If you have more than five children attending the same school, list them on another application and submit both applications.
2. Write each child's **date of birth, grade, gender** and **OSIS number** to speed up the application processing. The **OSIS number** can be found on the child's report card.
3. Write the child's **school name or number** and check the box of the **borough** where the school is located.
4. **GO TO PART 3** and complete this section if you are receiving **Food Stamps** or **TANF** benefits or **GO TO PART 4** if you are reporting job or other income received.
5. You must sign and date the application in **PART 5**. You will need to provide your Social Security Number if you report income in **PART 4**.

PART 3: IF YOUR HOUSEHOLD IS RECEIVING FOOD STAMPS OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

1. Submit the letter you received for each child from the **NYS Office of Temporary and Needy Families (OTADA)** or from any **NYC Food Stamp Office** to the school; **OR**
2. Write the **Food Stamp** or **TANF** case number in the boxes provided in this section. **The case number can be found on the benefit letter - do not write the amount of income received; OR** complete a separate application for each child with a different case number or no case number.
3. **SKIP PART 4**. Do not list names of household members or income if you list a food stamp case number or TANF number.
4. You must sign and date the application in **PART 5** - you do not need to report your social security number.

PART 4: IF YOU DO NOT HAVE FOSTER CHILDREN OR IS NOT RECEIVING FOOD STAMPS OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

1. You must write the full names of everyone living in the home except foster children and those children listed in **PART 2** on lines 1 through 7. Use another application to list additional names and submit both applications.
2. Write the income received before taxes is taken out in the boxes and indicate where it came from, such as earnings, welfare, pensions and other income, for each household member listed in this section. Write how often the money is received using these letters: **(W)** = Weekly, **(E)** = Every Two weeks, **(T)** = Twice per Month, **(M)** = Monthly or **(Y)** = Yearly. **Examples: \$100.29/W; \$100.29/E; \$1029.50/T; \$1290.75/M; 12900.59/Y.** Changes in income during the school year no longer need to be reported.
3. You must provide your complete Social Security Number, then sign and date the application in **PART 5**.

PART 5: TO COMPLETE ADULT HOUSEHOLD MEMBER SIGNATURE AND SOCIAL SECURITY NUMBER, FOLLOW THESE INSTRUCTIONS:

1. An adult household member (21 years or older) **MUST** sign the application before it can be approved.
2. If **PART 4** is completed, the adult who signs the application **MUST** provide his or her complete Social Security Number; **OR** write the word **"NONE"** only if the adult member does not have a Social Security Number.
3. Write your current address, phone number and best time to call if there are questions. Write the date the application was completed and submit to your child's school as quickly as possible for processing.

USE **BLACK INK ONLY** TO COMPLETE THE ENTIRE FORM.
COMPLETE APPLICATION IN ENGLISH.
 USE THE COLORED BOXES AND ARROWS IN THE SAMPLE BELOW TO HELP YOU.

Check this box if your income does not qualify you for free or reduced-priced meals. Complete **PART 2** and **School Information** section; Sign and date application in **PART 5**.

PART 1 – FOSTER CHILDREN:
 Check the box if you have a foster child and complete a separate application for each child. Enter personal use income or "0" if the child does not receive any.

PART 2 – CHILDREN ATTENDING THIS SCHOOL
 Write each child's legal name attending this school, date of birth, gender, the grade and student ID (OSIS) number found on report card.

If you have foster children – write only one child's name and then go to **PART 5** to sign and date form.

PART 4 – MEMBERS LIVING IN HOUSEHOLD: Write everyone living in the household. Do not list foster children or any children already listed in **PART 2**.

TOTAL HOUSEHOLD MEMBERS:
 Add the number of children listed in **PART 2** and the number of persons listed in **PART 4** and write the total in this box.

PART 5 – SIGNATURE
 An adult household member (over 21 years) must sign the application before it can be approved. Emancipated children can sign their own application.

PART 5 – SOCIAL SECURITY NUMBER
 If you have completed **PART 4** you must write your nine-digit Social Security Number, or write the word "NONE" if you do not have one.

New York City Department of Education 2008-2009 Title 1 Income Eligibility Form

F R D

I do not qualify for free or reduced-priced meals. Complete Part 2 and School Information. Sign and date form then return to school.

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. \$ 120 00

LIST ONLY THE CHILDREN ATTENDING THIS SCHOOL

	* Birthdate	First Name	MI	Last Name	*Gender	*Grade	*OSIS # (School ID Number)
1	03/03/93	JN		S BRANCH	M	07	123456789
2	08/15/94	SUE		A BRANCH	F	06	234567890
3	08/27/95	THOMAS		T BRANCH	M	05	135792468
4	11/05/95	AMY		LEAF	F	05	246801357
5							
6							

Enter School Information

School Name: MS 20Q
 School #: 0 2 0
 Indicate Borough with an X: M BX BK SI

Write the Food Stamp or TANF case number as provided on your benefit letter, not the 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): 123456789A
 TANF/FDPIR Case #: 987654321Z

LIST THE NAMES OF EVERYONE IN YOUR HOUSEHOLD (DO NOT LIST CHILDREN IN PART 2)

	PRINT FIRST AND LAST NAME	Gross Earnings from Work (before Deductions); ALL JOBS	How Often?	Child Support/Alimony Payments	How Often?	Pay from Pension, Retirement/Social Security	How Often?	Any Other Income	How Often?
1	Joe Branch	\$ <u>2550</u> <u>45</u> / <u>Y</u>		\$		\$		\$	
2	Mary Branch	\$ <u>275</u> <u>30</u> / <u>W</u>		\$		\$		\$	
3	Sally Leaf	\$ <u>400</u> <u>00</u> / <u>T</u>		\$ <u>300</u> <u>15</u> / <u>E</u>		\$		\$	
4	Bill Leaf	\$ <u>0</u> / <u></u>		\$ <u>0</u> / <u></u>		\$ <u>400</u> <u>00</u> / <u>M</u>		\$ <u>0</u> / <u></u>	
5	Jill Leaf	\$		\$		\$		\$	
6		\$		\$		\$		\$	
7		\$		\$		\$		\$	

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

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.

Signature of adult household member completing this form: Joe Branch
 Print name of adult household member completing this form: Joe A. Branch

Today's Date: 09/02/08
 Adult Household Member Social Security #: 123-45-6789
 If you do not have a Social Security Number you must write the word "NONE" → NONE

Address: 100 Name Street Apt# A1 City Borough City, NY Zip 11111

Home Phone: (718) 555-1234
 Daytime Phone: 212 555-9000
 Cell Phone: 347 555-5678

Best time to call: 8-11 am 11 am - 2 pm 2-5 pm 5-8 pm

SCHOOL INFORMATION
 Write your child's school name or number. Indicate borough where school is located:
 M=Manhattan; BX=Bronx; Q=Queens; BK=Brooklyn; SI=Staten Island

PART 3: FOOD STAMP /TANF CASE NUMBER
 Write your Food Stamp or TANF case number from your benefit letter – do not write income received.

PART 4 – Write the amount of income received for everyone listed in this section (job, child support, alimony, pension, SSI, etc). You must write how often this money (income) is received using the correct letters.
 W = Weekly; E = Every 2 Weeks; T = Twice a Month; M = Monthly; Y = Yearly.
 If you do not write how often, the income reported will be processed as weekly.
 Here are some examples to help you: \$100.29/W; \$100.29/E; \$1029.50/T; \$1290.75/M; \$12900.59/Y

ADDRESS AND PHONE NUMBER: Write your current address and phone numbers where you can be reached if necessary. Check the box to tell us the best time to call.

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE PROCESSED. APPLICATIONS CANNOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING.

IF YOU NEED ASSISTANCE OR HAVE QUESTIONS ON FILLING OUT THE FORM, CONTACT YOUR SCHOOL OR CALL THE OFFICE OF SCHOOLFOOD HELP DESK AT (718) 707-4400.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's Food Stamp, TANF or FDIPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Nondiscrimination Statement: 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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY)*. USDA is an equal opportunity provider and employer.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, *all* information contained in the free and reduced-price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. You will be notified when your application is approved or denied

INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE BENEFIT**

Number in Household	Yearly Income Not More Than	Monthly Income Not More Than	Twice per Month Income Not More Than	Every Two Weeks Income Not More Than	Weekly Income Not More Than
1	\$ 19,240	\$ 1,604	\$ 802	\$ 740	\$ 370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For Each Additional Household Member <u>ADD:</u>					
+	\$ 6,660	\$ 555	\$ 278	\$ 257	\$ 129

INCOME TO REPORT	
Earnings from work before deductions. Include all jobs.	Wages, salaries, tips, commissions, net income from self-owned business and farms, strike benefits, unemployment compensation and worker's compensation.
Pensions/ Retirements / Social Security	Pensions, retirement income, social security, supplemental security income, and veterans' payments
Any other income	Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the child(ren)'s meals.

*** Income Guidelines chart for free meals available in school office upon request

HOUSEHOLDS DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION RECOMMENDED (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATION)

WEEKLY MULTIPLY BY 52; EVERY TWO WEEKS MULTIPLY BY 26; TWICE A MONTH MULTIPLY BY 24; MONTHLY MULTIPLY BY 12

Household is not applying for Free or Reduced-Price benefits

FOOD STAMP / TANF / Foster Child (Circle One)

INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____

Application APPROVED for: FREE BENEFIT REDUCED-PRICE BENEFIT

Temporary Free (expires in 45 calendar days). Indicate each renewal date when household is contacted:
 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____

Application DENIED for Free or Reduced-Priced Benefits.
 Reason for Denial: Income Too High Incomplete Application

I certify that all information reported on this form is true and the eligibility determination made is based on the information provided by the household. I understand that school officials may verify the information and the procedures for certifying this application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws, and the school may lose meal and monetary benefits. I understand that the school principal has the ultimate responsibility for all forms filed by the household and certified at the school and at any given time may review forms for accuracy and integrity and monitor the procedures used for certification.

Name of School Reviewing Official (PRINT): _____

Signature _____ Date Certified: ____/____/____