

New York City Department of Education

2008-2009 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.

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. \$.

LIST ONLY THE CHILDREN ATTENDING THIS SCHOOL

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

Enter School Information

School Name

School #

Indicate Borough with an X

M BX Q BK SI

3 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)

TANF/FDPIR Case #

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

PRINT FIRST AND LAST NAME

1.

2.

3.

4.

5.

6.

7.

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 reviewing official will process the reported income amount as received WEEKLY. Use these letters to indicate how often income is received. W=Weekly; E=Every 2 weeks; M=Monthly; T=Twice a month; Y=Yearly

1.	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.	\$ <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"/> . <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"/> <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"/> . <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"/> <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"/> . <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"/> <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"/> . <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"/> <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"/> . <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"/> <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"/> <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"/>	<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"/> <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"/>	<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 Adult Household Member Social Security #

MM DD YY If you do not have a Social Security Number you must write the word "NONE" →

/ / - -

Address Apt# City, NY Zip

Best Time To Call:

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

Home Phone
 Daytime Phone
 Cell Phone