

# 2016 - 2017 FAMILY APPLICATION FOR MEAL BENEFITS

## Volusia County Public Schools

For faster service, apply ONLINE at [www.myvolusiaschools.org](http://www.myvolusiaschools.org)

You are responsible for payment of meals until your application is approved.

Use BLUE or BLACK ink

PRINT NEATLY

Complete ONE APPLICATION per household

Read instructions on back before completing form

### 1 STUDENT'S INFORMATION - List ALL students attending Volusia County Public Schools.

Last	First	MI	Check if foster child. If all students are foster, check box and skip to part 5	Student's Date of Birth	School Name	Alpha I.D.	"X" if NO Income	List amount and how often.	Weekly	Bi-Weekly	2x Monthly	Monthly
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				
			<input type="checkbox"/>				<input type="checkbox"/>	\$				

**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 of 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.

**2 SNAP(Formerly food stamp) / TANF** List the name and case number for ANY household member (including adults and children) receiving SNAP or TANF benefits. Name:  Enter 10 Digit Case Number:  **GO TO PART 5**

**3 HOMELESS, MIGRANT OR RUNAWAY** If the child you are applying for is HOMELESS, MIGRANT, OR A RUNAWAY check the appropriate box and call your school: Homeless Liaison Pam Woods at Deland (386) 734 -7190, Daytona Beach (386) 255-6475, New Smyrna (386) 427-5223  Homeless  Migrant  Runaway OR Michelle Rossie, Office Specialist Migrant Services, at Deland (386) 734 -7190, Daytona Beach (386) 255-6475, New Smyrna (386) 427-5223, ext. 22669

### 4 INCOME SECTION - You must tell us HOW MUCH and HOW OFTEN. List EVERYONE in Household, EXCEPT THE STUDENTS who are listed above. If the household member has income, list the income amount and specify how often that income is received. If the household member has no income, mark an "X" in the no income box. \*Only seasonal, migrant, or self-employed families can report annual income

Last	First	"X" if NO Income	Earnings from work before deductions	Welfare / Child Support / Alimony				Pensions / Retirement / Social Security				Other Income							
				Weekly	Bi-Weekly	2 X Monthly	Annually	Weekly	Bi-Weekly	2 X Monthly	Annually	Weekly	Bi-Weekly	2 X Monthly	Annually				
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							
		<input type="checkbox"/>	\$					\$				\$							

**6 RACE / ETHNIC IDENTITY OF STUDENTS (OPTIONAL)**

**MARK ONE OR MORE RACIAL IDENTITIES:**

Asian  
 White  
 Black / African American  
 American Indian / Alaska Native  
 Native Hawaiian / Pacific Islander  
 Other

**MARK ONE ETHNIC IDENTITY:**

Hispanic / Latino  
 Not Hispanic / Latino

**TOTAL HOUSEHOLD MEMBERS INCLUDING STUDENTS IN PART 1**

### 5 SIGNATURE AND SOCIAL SECURITY NUMBER (An adult household member must sign the application before it can be approved)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must list the last four numbers of his or her social security number or mark the "I do not have a Social Security number" box. I certify 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 the school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under state and federal statutes.

Date:  /  / 201  Signature of Adult Household Member:  Print First Name:  Print Last Name:  Last four numbers of Social Security Number:  -  -  -   I do not have a Social Security Number

Street Address:   
 City, State, Zip:  Email (PRINT NEATLY):  Home Phone:  -  -  Work Phone:  -  -

**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.

**DO NOT WRITE IN THIS AREA**  
**4736539300**