



Stuart Elementary School  
314 Staples Avenue  
Stuart, Virginia 24171  
276-694-7139 Fax: 276-694-5807  
[www.patrick-county.org](http://www.patrick-county.org)

To: Stuart Elementary Parents/Guardians  
From: Principal  
Re: **School Registration 2017-2018**

Registration for the 2017 – 2018 school year will be held in our school library on:

***Tuesday, July 25, 2017 8 A.M. until 7 P.M.***

Any unpaid fees remaining from last school year should also be paid at this time.

Enclosed you will also find a **School Information Sheet and Transportation Form and a Free and Reduced lunch form. Please bring these completed sheets with you on registration day (front & back).** It is extremely important that you include several emergency contacts and phone numbers in which we can contact in the event of an emergency.

We encourage everyone to attend our Back to School Nights this summer.

### **Back to School Nights**

**4<sup>th</sup> – 7<sup>th</sup> grades: Tuesday, August 8, 2017 (6 PM & 6:45 PM)**  
**PreK – 3<sup>rd</sup> grades: Monday, August 7, 2017 (6 PM & 6:45 PM)**  
(PreK – 3<sup>rd</sup> families: pick one session to attend)

This will be a great time for parents and students to ask questions concerning the upcoming school year. During our back to school nights, your family will have the opportunity to meet teachers, visit classrooms, bring school supplies (so the students will not have to bring so much with them the first day of school), learn about daily schedules, review bus/car transportation procedures, discuss snack/lunch money collection, grade level expectations, etc.

I look forward to meeting each of you during the next few weeks.

Sincerely,

Principal

2017-2018

Custody Papers: ☐ Y ☐ N

TEACHER \_\_\_\_\_ Grade: \_\_\_\_\_

**Patrick County Public Schools**  
**STUDENT INFORMATION AND EMERGENCY SHEET**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBERS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DIRECTIONS FOR FINDING YOUR HOME: \_\_\_\_\_

A.M. BUS#: \_\_\_\_\_ P.M. BUS#: \_\_\_\_\_ ROAD #: \_\_\_\_\_

GENDER: ☐ Male ☐ Female

MOTHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer's Name & Phone: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer's Name & Phone: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD LIVES WITH: ☐ MOTHER ☐ FATHER ☐ OTHER/SPECIFY \_\_\_\_\_  
(Check all that apply)

**EMERGENCY TREATMENT AUTHORIZATION**

**Emergency Treatment Procedure:** In case of serious illness or injury the school will make every possible effort to locate the parent or guardian. If these persons cannot be located, the child will receive medical care at the closest facility.

I authorize the above procedure: \_\_\_\_\_ Medical History: \_\_\_\_\_  
(Signature of parent/guardian)

DOCTOR'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications: \_\_\_\_\_ Medications Currently Taking On Regular Basis: \_\_\_\_\_

***Patrick County Public Schools***

**Individual Authorized to Pick Up Student**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_  
(Parent or Guardian's Name)

\_\_\_\_\_, hereby give permission for the following  
(Child's Name)

individuals to pick up my child at any time necessary (including regular or early dismissals).

**Name**

**Phone #**

**Relationship**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

Patrick County Public Schools  
Transportation Department  
P.O. Box 346  
Stuart, VA 24171  
276-694-3268

\_\_\_\_\_ New \_\_\_\_\_ Change

Start Date \_\_\_\_\_

Please fill in the below information on a student that intends to ride the bus or that has a change of address.

School Attending: \_\_\_\_\_ BR \_\_\_\_\_ HR \_\_\_\_\_ PS \_\_\_\_\_ MOD \_\_\_\_\_ WES \_\_\_\_\_ SES \_\_\_\_\_ PCHS **GRADE** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

911 Home Address: \_\_\_\_\_  
Street City State/Zip

AM Address (gets on bus) \_\_\_\_\_

PM Address (gets off bus) \_\_\_\_\_

If the student gets on and/or off at a sitter, please provide the name and phone number of the sitter:

Sitter's Name: \_\_\_\_\_ Sitter's Phone #: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
**Emergency Treatment Authorization**

Emergency Treatment Authorization Procedure: In case of serious illness or injury, the school will make every possible effort to locate the parent/guardian. If parent /guardian cannot be located, the student will receive medical care at the closest facility.

I authorize the above procedure: \_\_\_\_\_  
Signature of parent/guardian

Any allergy/medical concerns: \_\_\_\_\_

Emergency Contacts (other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
**To Be Completed By School Transportation Department**

AM Driver's Name (s) \_\_\_\_\_ Bus # (s) \_\_\_\_\_ (Transfer Location) \_\_\_\_\_ Time \_\_\_\_\_

PM Driver's Name (s) \_\_\_\_\_ Bus # (s) \_\_\_\_\_ (Transfer Location) \_\_\_\_\_ Time \_\_\_\_\_



## 2017-2018 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. **Patrick County Elementary Schools** offer healthy meals every school day. Student breakfast is free and lunch costs \$ **1.85**. Your children may qualify for free or reduced price lunch meals. Reduced price lunch costs \$ **.40**.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact **Darlene Rogers, Food Service Coordinator** at **276-694-3836** for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. **Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income.** Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals **or** reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.**

**FEDERAL INCOME GUIDELINES:** Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

<b>INCOME CHART</b>			
<b>For Free or Reduced Price Meals</b>			
Effective July 1, 2017 to June 30, 2018			
Household Size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For Each Additional Family Member Add	\$7,733	\$645	\$149

### HOW TO APPLY

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by 07/24/2017, you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.**

**If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an**

application may not be required. Contact *Darlene Rogers* at 276-694-3836 for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact *Amanda Holt* at 276-694-3163 for more information.

**An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.**

**OTHER BENEFITS:** Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

**CONFIDENTIALITY AND NOTICE OF DISCLOSURE:** School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

**VERIFICATION:** School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Hearing Official Name: Mr. Dean Gilbert, Assistant Superintendent Phone: 276-694-3163

Address: Patrick County Public Schools, P. O. Box 346, Stuart, VA 24171

**REAPPLICATION:** You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

**IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD(REN) ATTENDS OR THE CENTRAL SCHOOL NUTRITION OFFICE. Return the complete, signed application to: (Name, address, phone number).**

You will be notified when your child(ren)'s application is approved or denied. If you have questions or need help, call:

Name: Darlene Rogers Telephone #: 276-694-3836

Sincerely,

Signature *Darlene Rogers* Telephone #: 276-694-3836

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, (AD-3027) found online at: [http://www.asey.usda.gov/complaint\\_form\\_cust.html](http://www.asey.usda.gov/complaint_form_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



To apply for free or reduced price meals, complete one application for ALL children in the household who are in school, using the following instructions. Sign the application and return to (insert address) **Patrick County Public Schools, P. O. Box 346, Stuart, VA 24171, ATTN: Food Service Department**. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

**IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

- Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
- Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.
- Parts 3 & 4: Skip these parts.
- Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

**IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

- Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
- Part 2: Skip this part.
- Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.
- Part 4: Complete this part. See instructions for All Other Households, Part 4, below.
- Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

**IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:**

- If all children in the household are foster children:
  - Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number for each child who is a foster child.
  - Parts 2, 3 & 4: Skip these parts.
  - Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
  - Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.
- If one or more children in the household are foster children and other children in the household are not foster children:
  - Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.
  - Part 2: If the household does not have a SNAP or TANF case number, skip this part.
  - Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
  - Part 4: Follow these instructions to report total household income from this month or last month.
    - Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
    - Columns 4-8: Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.
  - Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
  - Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.
- Part 2: If the household does not have a SNAP or TANF case number, skip this part.
- Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
- Part 4: Follow these instructions to report total household income from this month or last month.
  - Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
  - Columns 4-8: Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.
- Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
- Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 are 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 (FPIR) case number or other FPIR 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.aphis.usda.gov/complaint_filing.asp) (AD-3027), found online at [https://www.aphis.usda.gov/complaint\\_filing.asp](https://www.aphis.usda.gov/complaint_filing.asp), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail, U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 696-7442; or (3) email: [program.discrimination@usda.gov](mailto:program.discrimination@usda.gov).

This institution is an equal opportunity provider.



# 2017 2018 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

1	LAST NAME	FIRST NAME	ML	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
2							
3							
4							
5							
6							

\*\* If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: \_\_\_\_\_ SNAP or TANF Case Number (do not use 16 digit EBT card number): \_\_\_\_\_

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator. Complete Parts 1, 4, 5, 6, and 7.

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

Names of all Household Members (Include the children in school above)		Age	List Gross Income before any deductions. Write in how often income is received. Use the following: (W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly				
			Earnings from Work Before Deductions: Wages, Salaries, Tips, State Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm	Welfare: Child Support, Alimony, Public Assistance Payments, Welfare Payments, Attorney/Child Support Payments			
Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2			Job 1 \$ Amount/How Often	Job 2 \$ Amount/How Often	Child Support, Alimony, Public Assistance Payments, Welfare Payments, Attorney/Child Support Payments	Pensions, Retirement, Social Security Private Pension, Supplemental Security Income, Retirement Income, Veterans Payments, Social Security	All Other Income: Disability Benefits, Cash from Savings, Interest/ Dividends, Income from Estate/Trust/ Investments, Regular contributions from persons not in the household, Net Royalties/Annuities/ Net Rental Income, Any Other Income
EXAMPLE: Jane Doe		32	\$ 1,800 / 2M	\$ 0 /	\$ 0 /	\$ 0 /	\$ 0 /
1.			\$ /	\$ /	\$ /	\$ /	\$ /
2.			\$ /	\$ /	\$ /	\$ /	\$ /
3.			\$ /	\$ /	\$ /	\$ /	\$ /
4.			\$ /	\$ /	\$ /	\$ /	\$ /
5.			\$ /	\$ /	\$ /	\$ /	\$ /
6.			\$ /	\$ /	\$ /	\$ /	\$ /
7.			\$ /	\$ /	\$ /	\$ /	\$ /
8.			\$ /	\$ /	\$ /	\$ /	\$ /
Total Household Members (Children and Adults)			<input type="checkbox"/>	<input type="checkbox"/>			
Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.							
Part 6. OTHER BENEFITS: Medicaid & WIC, TANF, etc.							
Racial identities: Choose one or more of the following racial identities (in addition to ethnicity):							
Ethnic identities: Choose one of the following							
<input type="checkbox"/> American Indian/Alaska Native			<input type="checkbox"/> Asian				
<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Not Hispanic or Latino				

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question. Racial identities: Choose one or more of the following racial identities (in addition to ethnicity):

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ White

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO box below. Your decision will not affect your child's eligibility for free or reduced price meals. ☐ NO I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application.) I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-XXXX ☐ I Do Not Have A Social Security Number

Last four digits of Social Security Number of Adult Signing Application \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Signature of Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

TOTAL INCOME/SHOW OFTEN: 1 / HOUSEHOLD SIZE: 1 SNAP TANF Other: \_\_\_\_\_ DO NOT WRITE BEYOND LINE - SCHOOL USE ONLY

VERIFICATION RESULTS: ☐ No Change ☐ Free to Reduced ☐ Free to Paid ☐ Reduced to Free ☐ Reduced to Paid

Reason for Change: ☐ Income ☐ Household Size ☐ SNAP/TANF Eligibility ☐ Other: \_\_\_\_\_

Date: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_