

PART 6: OTHER BENEFITS: Your family may be eligible for MORE benefits. You do not have to complete this part to receive free and reduced-price meals. CHECK AND SIGN BELOW.

- Do you need free health insurance for your children?** Please check this box and sign below if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more! *Please do not check the box if you already receive Medicaid and get a monthly DSHS green and white card (coupon).* For more information call 1-877-KIDSNOW (543-7669).
- Check here and sign below if you want to give school officials permission to use the information provided on this application to determine your children's eligibility for _____, _____
(list name(s) of program(s) specific to your school)

I understand that I will be releasing information that shows that I am applying for free and reduced-price benefits under Child Nutrition Programs. For these purposes only, I waive my confidentiality.

Please sign here: X _____
Signature of Parent/Guardian Date

***Privacy Act Statement: National School Lunch Act (Section 9)** - requires that, unless your child's Basic Food, TANF, or FDPIR 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 signing the application does not have a social security number. Provision of a social security number is not mandatory, but 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, 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.

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
 - Income Household
 - Foster Child
- Total Household Monthly Income \$ _____
Total Household Size _____

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Date Temporary Approval Expires: _____

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

_____ Date Notice Sent
_____ Signature of Approving Official
_____ Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		<input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Confirmed
Response Due From Household			
Second Notice Sent			
		<input type="checkbox"/> Basic Food/TANF Office	<input type="checkbox"/> Notice of Eligibility

MONTHLY INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change _____ Date Adverse Notice Sent _____
Signature of Verifying Official _____ Date _____

