

2016-17 Application for Free and Reduced-price School Meals Complete one application per household. Please use a pen.

Step 1 List all CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

Definitions:	Child's First Name	MI	Child's Last Name	School	Grade	Student?		Homeless (or) Runaway	Migrant	Foster
						Y	N			
Children in Household: Any infant, child or student up to 12th grade that lives in your household. Household Member: Anyone who is living with you who shares income and expenses, even if not related.						<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"/>

Step 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDPIR?

NO If **NO** household member participates in SNAP or TANF or FDPIR, complete STEP 3.
 YES If **YES**, write your SNAP or TANF or FDPIR case number here and then go to STEP 4. Do not complete STEP 3.
 MT Case #:

Step 3 Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDPIR case number in STEP 2.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here. **\$**

Weekly Bi-Weekly 2X Month Monthly Yearly

B. Adult Income (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if no one receives income. For each Household Member listed, report total income for each source in whole dollars only. If the Household Member does not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. For further information please refer to the attached instructions.

First and Last Name of Adult Household Member	Earnings from Work	Weekly Bi-Weekly 2X Month Monthly Yearly					Public Assistance/Child Support/ Alimony	Weekly Bi-Weekly 2X Month Monthly Yearly					Pension/Retirement/ All Other Income	Weekly Bi-Weekly 2X Month Monthly Yearly				
		Weekly	Bi-Weekly	2X Month	Monthly	Yearly		Weekly	Bi-Weekly	2X Month	Monthly	Yearly		Weekly	Bi-Weekly	2X Month	Monthly	Yearly
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

Step 4 Contact Information and Adult Signature.

"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 applicable State and Federal laws."

Mailing Address **Apt #** **City** **State** **Zip**

Printed Name of Adult Completing Form **Signature of Adult Completing Form** **Today's Date**

SCHOOL USE ONLY School District Must Complete This Section.

Date Application Received:

Directly Certified (DC) thru DCA/Source Records: SNAP DC TANF DC FDPIR DC Homeless/Runaway DC Migrant DC Foster DC

Categorical Eligibility: Foster Child SNAP Letter Only Non Direct SNAP/TANF/FDPIR (Case # on application)

Income Household: Total Household Income: per Household Size:

Application Approved for: Free Meals Reduced-Price Meals Application Denied **Date Effective:**

Signature of Determining Official: **Date:** **Signature of Verifying Official:** **Date:**

Annual Income Conversion

Weekly X 52
 Bi-Weekly X 26
 Twice a Month X 24
 Monthly X 12

Convert to annual income ONLY if there are different frequencies of income listed.

OPTIONAL

Children's Racial and Ethnic Identifies.

Collecting racial and ethnic information helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Black or African American

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.ascr.usda.gov/complaint_filing_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 (566) 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

USDA is an equal opportunity provider.

Free/Reduced Price School Meals Income Guidelines

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,932	5,661	2,831	2,614	1,307
8	75,591	6,299	3,150	2,910	1,455
Each additional family member	+7,696	+642	+321	+296	+148

Buying Good Food is a SNAP!

What is SNAP?

SNAP is the Supplemental Nutrition Assistance Program, designed to help households afford healthy food.

Apply online at: www.apply.mt.gov

Where do I start?

Contact the Montana Food Bank Network at (406) 239-6475 or SNAP@mfbn.org. An Outreach worker can assist you with:

- Determining whether you may qualify.
- Filling out an application for SNAP benefits online or by phone.
- Submitting verification of income & expenses.
- Understanding the SNAP application process.

Family Size	Gross Monthly Income	Net Monthly Income
1	\$1962	\$981
2	\$2655	\$1328
3	\$3349	\$1675
4	\$4042	\$2021
5	\$4735	\$2368
6	\$5429	\$2715
Additional Members	\$693	\$347

Certain households will need to meet a lower Gross Income Guideline.

*Effective October 2015

Not sure if you want to apply?

Complete the easy pre-screening tool:

www.apply.mt.gov

Or contact the Montana Food Bank Network at (406) 239-6475

