2023-2024 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

Attachment E

NEEKLY X 52, EVERY 2 WEEKS X 26, Household size: d Reason: O (Optional – See FAOs) Determining C	Printed name of adult completing the form Signature of DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY	Street Address (if available) Apt # City	1 certify (promise) that all information on this application is frue 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 purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*	STEP 4 Contact information and adult signature Mail Com	Total Household Members (Children and Adults)	help you with the Child Income section.	Name of Adult Household Members (First and Last)	Flip the page and review the charts titled "Sources of Income" for more information. B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter	A. Child Income Are you unsure what income to include here? A. Child Income Sometimes children in the household earn income. Please income to include here?	STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	Figure 10 any Household Members (including you) currently participate in one or more of the follow figure 10 any Household Members (including you) currently participate in one or more of the follow figure 12 and 13 and 14 and 15 and	How to Apply for Free and Reduced Price School Meals for more information.	definition of Homeless, Migrant or Runaway are elicible for free mosts Bood	even if not related." Children in Foster care	Member: "Anyone who is IIving with you and shares income and expenses,	Child's First Name
WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Total income: Date withdraw Determining Official's Signature:	Signature of adult completing the form	State Zip	at this information is given in connection with the receipt of Federal funds, and laws."	Mail Completed Form To: Clinton School District (502 S 5th S	Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member.		How often? How often? Public Assistance/ Public Assistance/ Child Sunnort/Alimony		all children listed in							MI Child's Last Name
MULTIPLE FREQUENCY) Per: □Week □Every 2 Weeks □Twice a Month □Month Date withdrawn:	Today's date	Daytime Phone and Email (optional)	that school officials may verify (check) the information. I am aware that if I pu	(502 5 5 th Street, Clinton, MO 64735)	X X X	S Cure mone	nent/	och Household Member listed, if they do receive income, report gross income (before taxes) or leave any fields blank, you are certifying (promising) that there is no income to report.	Child income Weekly Bi-Weekly 2x Month Monthly		programs: SNAP, TANF, or FDPIR				Siauc	Building Name
nth □Year			ırposely give false		Check if no SSN		How often? Weekly Bi-Weekly 2x Month Monthly	fore taxes) for to report.			? Circle one: Yes / No Write only one case number in this space					Foster Migrant, Child Runaway

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have hea	althcare insurance?
YES	
□ NO	
MO HealthNet (Medicaid) is considered i	healthcare insurance.
If NO is checked the school district will provide the I Healthcare Coverage form for the family.	Does Your Child Need
Completion of this form is not a condition of determ and Reduced Price Meals Family Application will be response to this Request for Information.	nining meal eligibility. The Free reviewed regardless of your
Submit this request with your Free and Reduced Pri- Application or return to your school/school district.	
Printed name of parent/guardian:	
Mailing Address:	
City: State:	Zip Code:

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator — Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; ernail civilrights@dese.mo.gov.