

Free or Reduced Lunch Application

I certify (promise)...

that all information that will be provided on this application is true and that all income will be reported.

Your Name

Please confirm your name as the person signing this application.

First Name _____

Last Name _____

Today's Date _____

Household Case Numbers

Please enter the Case Number of the household (if applicable) for which you are applying for meal benefits. **IF YOU ENTER SNAP OR TANF INFORMATION YOU DO NOT NEED TO ENTER HOUSEHOLD INCOME OR LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER.**

- Household receives SNAP benefits. SNAP Case Number _____
- Household receives TANF benefits. TANF Case Number _____
- Household receives FDPIR benefits. FDPIR Case Number _____
- Household does not receive such benefits. (based on household income)

Address Information

Please enter your contact information so that we can reach you in case there are any issues with your application. This information is optional, but we strongly encourage you to provide it.

Address _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Student Information

List all students currently attending Denver Public Schools that participate in the National School Lunch and School Breakfast Programs.

Student Information: Add Student

Please enter the information for the student below. Please fill in as many fields as possible.

Add Student to Application:

First Name _____

Middle Initial _____

Last Name _____

Suffix _____

Birthdate (e.g. 01/31/2011) _____

Gender:

- Male
 Female

Foster Child:

- Yes
 No

Student Number _____

School _____

Grade _____

Is this child considered Homeless, a Migrant, or Runaway?

If you believe your child meets this description, please check the Homeless, Migrant, or Runaway box and complete all steps of the application and contact the Denver Public Schools Homeless Liaison at 720-423-1980 or Migrant Liaison at 303-365-5817.

Homeless - If your household lacks a permanent address, or stays together in a shelter, hotel, or other temporary housing arrangement you MUST contact our Denver Public Schools Homeless liaison at 720-423-1980.

Migrant - DO NOT check if Immigrant. A Migrant is a temporary Seasonal Worker in Agriculture. If you check the box as a Migrant please contact our Migrant liaison at 303-365-5817. Runaway - If you check Runaway you MUST contact our Denver Public Schools Homeless liaison at 720-423-1980.

Child Information: Add Child

Please enter the information for the child below. Please fill in as many fields as possible.

Add Child to Application

First Name _____

Middle Initial _____

Last Name _____

Suffix _____

Birthdate (e.g. 01/31/2011) _____

Gender:

- Male
 Female

Foster Child:

- Yes
 No

Application Signer Information

Please enter your information, as the parent/guardian or responsible adult household member who will be signing this application. Please fill in as many fields as possible.

Your Name

Please enter your name, as the person signing this application

I certify that I am an adult in the household where the student(s) listed on this application reside.

First Name _____

Last Name _____

Your SSN

Last 4 digits of your Social Security number (SSN) _____

NO Social Security Number

Household Information: Edit Household Member

Please enter the information for the household member below. Please fill in as many fields as possible.

First Name _____

Middle Initial _____

Last Name _____

Suffix _____

Add Household Member Income

Income Amt _____

Frequency (choose):

- Weekly
- Every 2 Weeks Twice per Month
- Monthly
- Annually

Source (choose):

- Earnings From Work
- Public Assistance Pension / Retirement / IRA Miscellaneous /
- Other
- Child Support Alimony Social Security Interest (savings, bonds, CDs) Dividends / Securities
- Unemployment

Additional Information

You will receive an email confirmation your application was received. The meal benefit application will be processed within ten operating days and the meal benefit eligibility status letter will be sent to the email address you provide below.

Additional Contact Information

Additional Contact Information

Email Address _____

Primary Phone _____

Secondary Phone _____

Sharing Free and Reduced Meal Benefit status information with School/District Programs

The information provided on this application will be used in conjunction with State educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. Your information will be shared unless you click on "No".

Allow my district to share my information with the SCHiP program?

- Yes
- No

Allow my district to share my information with the SAT/ACT/ib program?

- Yes
- No

Allow my district to share my information with the Athletics program?

- Yes
- No

Allow my district to share my information with the Balarat program?

- Yes
 - No
-

Ethnicity (Optional)

Enter any/all of your children's ethnic identities. **This section is optional.**

Choose one of the following:

- Hispanic/Latino
- Not Hispanic/Latino

Choose any of the following that apply (regardless of choice above)

- Asian
- White
- Black or African-American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander