



Tulsa Public Schools

APPLICATION FOR FREE & REDUCED-PRICE MEALS

School Year 2017 - 2018

1700371
Application Identification Number

Elementary Sites with Community Eligibility Provision (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for federal and state funding for your school site.

PART 1. ARE YOU GETTING SNAP, TANF OR FDPIR BENEFITS?

Instructions Enter your SNAP, TANF Case Number, or FDPIR (Food Distribution Program on Indian Reservation) number

PART 2. Student Information (Use paper application for more than six(6) students)

Instructions Enter your student's date of birth, first name, and last name as they appear on your student's school registration. Then click the "Lookup ID" button.

Date of Birth	First Name	Last Name	Student ID	School/Campus	Grade
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="button" value="Lookup ID"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

PART 3. Social Security Number and Guardian Information

Instructions An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

<input style="width: 100%; height: 20px;" type="text"/> Guardian SSN (last 4 digits)	<input type="checkbox"/> I do not have a SSN	<input style="width: 100%; height: 20px;" type="text"/> Guardian First Name	<input style="width: 100%; height: 20px;" type="text"/> Guardian Last Name
<input style="width: 100%; height: 20px;" type="text"/> Address		<input style="width: 50px; height: 20px;" type="text"/> Apt Number	<input style="width: 100%; height: 20px;" type="text"/> Home Phone
<input style="width: 100%; height: 20px;" type="text"/> City	<input type="button" value="OK"/> State	<input style="width: 100%; height: 20px;" type="text"/> Zip	<input style="width: 100%; height: 20px;" type="text"/> Work Phone
<input style="width: 100%; height: 20px;" type="text"/> EMail			

PART 4. Total Household Income from last month (You must list ALL INCOME to qualify)

Instructions

List everyone in the household including students listed above.
First Name Last Name

First Name	Last Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Check if no Income	How many dollars did each person in the household make last month? (W)= Weekly (E)= Every 2 weeks (T)= Twice a Month (M)= Monthly							
	Earning from Work before deductions		Welfare, Child Support, Alimony		Social Security, Pension, Retirement		Other Income	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select	<input type="text"/>	<input type="text"/> Select

#of Household Members Income Frequency

Race / Ethnic Identity (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
- Non Hispanic or Latino

REFUSAL OF BENEFITS

I DO NOT want to receive any free or reduced meal benefits

PART 5. Digital Signature and compliance affirmations.

Instructions

YOU MUST ACCEPT BOTH STATEMENTS FOR YOUR APPLICATION TO BE PROCESSED

Agree Decline I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Agree Decline By my electronic submission of this application I verify my understanding/agreement with the above statement and all USDA guidelines regarding the Free and Reduced School Lunch Program.

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Notes

Reviewed By (School Use Only)

Application ID