



**6. Children's Racial And Ethnic Identities (Optional)**

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**7. Other Benefits**

If you would like information on Apple Health for Kids free or low-cost health insurance for children, please call toll free 1-877-543-7669 to request an application or fill out and print an application online at: <http://hrs.a.dshs.wa.gov/applehealth/index.shtml>.

You must check the box by each program that you would like to share the information on the application with:

- Sports/Athletics
- Music/Choir
- Summer School

By signing below, I allow the information contained on this application to be shared with the programs I have checked above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**SCHOOL USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by (circle one): weekly every two weeks twice a month monthly annual

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Reduced-Price

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		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
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