

DENVER PUBLIC SCHOOLS 720-423-5624 or 720-423-5623 2016-2017 Household Application for Student(s) Meal Benefits

(This form may be used only if participating in the Federal Child Nutrition Programs)
PLEASE READ INSTRUCTION PAGE BEFORE COMPLETING THE APPLICATION.
USE BLACK INK AND PRINT NEATLY. ONE APPLICATION PER HOUSEHOLD.

1 Student Information: List all students attending DENVER PUBLIC SCHOOLS. Check the foster child box for all students who are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income, add the student to the household section below and provide income information.

Foster Child	Student's ID #	Legal First Name	MI	Legal Last Name	M	M	Y	Y	Grade	School Name	Check Box if No Income	H	M	R	Other Source Eligibility:
<input type="checkbox"/>											<input type="checkbox"/>				If any of the students you are applying for are homeless, migrant, or runaway, check the box to the left and call the Denver Public Schools homeless liaison at 720-423-1980
<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"/>				

H: Homeless
M: Migrant
R: Runaway

2 Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR) 9-digits/ TANF (Temporary Assistance for Needy Families) 7-digits. Provide the name and case number for the person who receives benefits. (Enter name and number and skip to part 5. Sign the application. No Social Security Number is needed.) Name: _____

3 List ALL other household members not listed above AND students with income Any income field left blank is a positive indication of no income and certifies that there is no income to report.

Case Number:	Job 2 or Any Other Income	Pensions, Retirement, Social Security, SSI, VA benefits	Welfare Payments, Child Support/Alimony	Earnings from Work Before Deductions or Unemployment	Check Box if No Income	Fill in Circle How Often?	Fill in Circle How Often?	Fill in Circle How Often?	4 MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
	\$	\$	\$	\$	<input type="checkbox"/>	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
	\$	\$	\$	\$	<input type="checkbox"/>	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Your information WILL be shared unless you check the box below.
	\$	\$	\$	\$	<input type="checkbox"/>	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Please do NOT share my information with the Medicaid or SCHIP offices.
	\$	\$	\$	\$	<input type="checkbox"/>	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	
	\$	\$	\$	\$	<input type="checkbox"/>	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	Monthly Every Other Wk Weekly Twice A Month	

5 WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS (include students from Section 1).

Adult Household Member Social Security # (Last 4 digits only)
Check Box if you do not have a Social Security Number

6 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 on the application. I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Address _____ City _____ Zip _____
Primary Phone _____
MM/DD/YY Today's Date

7 We are required to ask for information about your children's race and ethnicity. This information is important and 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.
Children's ethnic/race identities (optional): Choose one Ethnicity: HISPANIC/LATINO NOT HISPANIC/LATINO WHITE ASIAN BLACK or AFRICAN AMERICAN INDIAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

DO NOT WRITE BELOW THIS LINE DPS USE ONLY Date Received: _____ School Number: _____ Initials: _____