

**INSTRUCTIONS FOR COMPLETING THE MEAL BENEFITS APPLICATION 2016-2017 SCHOOL YEAR**  
**COMPLETE ONE APPLICATION PER HOUSEHOLD**

**DIRECT CERTIFICATION**– If you received a Direct Certification Eligibility letter in school year 2016-2017 for your children that are enrolled in Denver Public Schools, you do not need to complete an application at any time during the school year. If there is a student in your household that is not on the Direct Certification Eligibility letter please contact our office at 720-423-5623 or 720-423-5624.

---

**PART 1:** If this is a Foster child, check the Foster box. List each child’s name, student I.D. #, school, date of birth, and grade. Check the “No Income” box if the students listed have no income. Indicate if the student is homeless, migrant, runaway.

**FOSTER CHILDREN ONLY:** Check the Foster child box. List all students, student I.D. #, school, date of birth, and grade. The last four digits of the social security number are **NOT** required, and income (or indication of none) is **NOT** required.

**FOSTER AND NON-FOSTER CHILDREN LIVING IN SAME HOUSEHOLD:** List each child’s name, student I.D. #, school, date of birth, and grade. If the child is a foster child, check the foster child box. For all students listed, if no income, you must check the no income box. Follow instructions to report ALL household income including students with income in part 3.

**IF YOU HAVE: FOSTER ONLY, or SNAP/TANF/FDPIR** benefits then you **DO NOT** have to include income.

**IF MIGRANT, HOMELESS, or RUNAWAY CHILD:** List all students, student I.D. #, school, date of birth, and grade for each student. Indicate if the student is Homeless, Migrant, or Runaway. **Please contact the Denver Public Schools Homeless/Migrant/Runaway Liaison at 720-423-1980.** The last four digits of the social security number are **NOT** required.

---

**PART 2: IF YOUR HOUSEHOLD RECEIVES SNAP, TANF, OR FDPIR FOLLOW THESE INSTRUCTIONS:**

List the name of the household member receiving the benefit and list the case number (SNAP/TANF are 7 digits. FDPIR are 9 digits). This will qualify all children in the household for free meals. The last four digits of the social security number are **NOT** required.

---

**PART 3: FOLLOW THESE INSTRUCTIONS TO REPORT ALL HOUSEHOLD INCOME.** Income can be from the previous month, current month, or your projected income for the next month. **Gross Income is the total amount earned before any deductions.** Applications for foster children ONLY or SNAP/TANF/FDPIR benefits **do not need to complete this section.** List the first and last name of each person living in your household and **include students who have income**, yourself and any children not listed in Part 1. If that person does not have any income, check the “No Income” box next to each person’s name. If name listed has income, enter the amount of income under the appropriate column by the type of income and how often the income is received. **Any income field left blank is a positive indication of no income and certifies that there is no income to report.**

<b>Earnings from Work</b> Wages/salaries/tips, Strike benefits Unemployment compensation Worker’s Compensation Net income from self- owned business or farm	<b>Welfare/Child Support/Alimony</b> Public assistance payments Welfare payments Alimony Child support payments	<b>Pensions/Retirement/ Social Security/SSI/ VA benefits.</b> Pensions, Social Security Supplemental Security income. Retirement income Veteran’s benefits	<b>Other Income</b> Disability benefits Cash withdrawn from Savings Interest/Dividends Income from Estates/Trusts/Investments Regular contributions from people not living in household Net royalties/annuities/net rental income, any other type of income
---	---	--	---

**PART 4:** If you do NOT want your information shared with Medicaid or SCHIP, check this box.

---

**PART 5:** Write **TOTAL** number of household members **including** students from part 1.

---

**PART 6:** If part #3 is completed, the adult signing the form must also list the last four digits of his/ her Social Security Number OR mark the “do not have a Social Security Number” box. **THE PERSON SIGNING MUST BE LISTED IN THE HOUSEHOLD SECTION.** Fill in address and primary phone. **YOU MUST SIGN THE APPLICATION.** Enter the date of application.

---

**Part 7:** We are required to ask for information about your children’s race and ethnicity. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals. Please select from the options listed.

---

**CHARGE POLICY:** Students in ECE (Pre-K) through 5<sup>th</sup> grade may charge up to \$5.55. After that they will be given an alternate meal. All charges are expected to be paid back. There are no charges allowed for students 6<sup>th</sup> grade and above. Meal Prices for the 2016-2017 are as follows:

**BREAKFAST – There are currently no charges at participating schools:**

**LUNCH – Elementary \$1.85**

**Middle School \$2.10**

**High School \$2.60**

**Reduced Price lunches are .40 cents**

(For 6<sup>th</sup>-12<sup>th</sup> Grade)