

2021 - 2022 FAMILY APPLICATION FOR MEAL BENEFITS

Duval County Public Schools

Use **BLUE** or **BLACK** ink (Use tinta AZUL o NEGRA)
 PRINT NEATLY (ESCRIBA CLARAMENTE CON LETRA DE MOLDE)
 Complete **ONE APPLICATION** for **ALL STUDENTS** in the household.
 Complete **UNA SOLICITUD** para **TODOS LOS ESTUDIANTES** en el hogar.

1 STUDENT'S INFORMATION - List ALL students attending Duval County Public Schools										STUDENT INCOME (Ingresos del Estudiante)				
Indique los estudiantes en escuelas de Duval County que viven con usted.										Mark "X" if NO Income ("X" si no ingresos)				
Put an X for a New or PreK/K Student	Student ID Number (Número de Identificación del Estudiante) (FOR OFFICE USE ONLY) (PARA USO DE LA OFICINA)	Last (Apellido)	First (Nombre)	MI (Inicial)	"X" if foster child (Marque "X" si es Hijo Adoptivo)	Student's Date of Birth (Fecha de Nacimiento)	School Name (Nombre de la Escuela)	Grade (Grado)	Student Income	List amount and how often. (Anote la cantidad y frecuencia)	Weekly	Bi-Weekly	2 x Monthly	Monthly
<input type="checkbox"/>					<input type="checkbox"/>	/ /			\$		W	E	T	M
<input type="checkbox"/>					<input type="checkbox"/>	/ /			\$		W	E	T	M
<input type="checkbox"/>					<input type="checkbox"/>	/ /			\$		W	E	T	M
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<input type="checkbox"/>					<input type="checkbox"/>	/ /			\$		W	E	T	M

2 SNAP and TANF (Formerly Food Stamp) List the case number for ANY household member (including adults and children) receiving SNAP or TANF benefits. (Anoté el Número de Caso para CUALQUIER miembro del hogar (incluyendo adultos y niños) que recibe los beneficios de SNAP o TANF. **Enter 10 Digit Number (DO NOT LIST CARD #)** **GO TO PART 6**

3 HOMELESS, MIGRANT OR RUNAWAY

If Homeless, Migrant or a Runaway, no application is required. **Contact DCPS Homeless Coordinators at (904) 390-2222.**

Si el niño para quien usted está llenando esta solicitud es un niño sin hogar, migrante o un niño que se ha fugado de su hogar, no se requiere solicitud. **Llame al (904) 390-2222.**

Homeless (Sin Hogar)
 Migrant (Migrante)
 Runaway (Huido del Hogar)

4 INCOME SECTION You must tell us HOW MUCH and HOW OFTEN. List EVERYONE in Household, regardless of income, EXCEPT THE STUDENTS who are listed above. If the household member has income, list the income amount and specify how often that income is received. If the household member has no income, mark an "X" in the zero income box. Any income field left blank is a positive indication of no income. Si algún miembro familiar recibe ingresos, anotar la cantidad y frecuencia que recibe el pago. Si la persona no tiene ningún ingreso, marque "X" en el cuadro de no ingresos.

List ALL household members that are NOT students in PART 1. (Anotar los nombres de todos los miembros de su hogar; sin incluir los estudiantes en PARTE 1.)	Earnings from work before deductions (Ingresos (bruto) de trabajo antes de las deducciones)	Child Support / Alimony (Pensiones Infantiles o Pensiones Alimenticias)					Pensions / Retirement / Social Security / Other (Ingresos de Pensiones, Jubilación, Seguro Social y Otros)	Check here if NO Income (Marque si no ingresos)					
		Weekly / Semanal	Bi-Weekly / 2 Semanas	Monthly / Quincenal	Annually / Anual	Other							
Last (Apellido) First (Nombre)	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>
	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>
	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>
	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>
	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>
	\$	W	E	T	M	A	\$	W	E	T	M	A	<input type="checkbox"/>

5 DISCLOSURE OF MEAL ELIGIBILITY STATUS FOR STUDENT NUTRITION PROGRAMS

Information given on a Free or Reduced Meals application may qualify a student for additional services. Parent/ Guardian permission must be given before information about Free or Reduced Meal eligibility can be shared. Sharing this information will not change a student's Free or Reduced meal status

I would like to share information about Free or Reduced meal status. **Yes No N/A**

If yes, please consider the student's Free or Reduced meal status for the following: (check all that apply)

College and Post-Secondary Scholarships and Application Waivers
 SAT/ACT Waivers
 Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C. (This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

6 ADDRESS AND PHONE (DIRECCION Y TELEFONO)

Address (Dirección postal o de domicilio) Apt.

City (Ciudad) State (Estado) Zip Code (Código Postal)

Email

7 SIGNATURE AND SOCIAL SECURITY NUMBER - Adult must sign (FIRMA Y NUMERO DE SEGURO SOCIAL - debe firmar un adulto)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. Yo certifico (prometo) que toda la información en esta solicitud es verdadera y que he puesto todos los ingresos. Entiendo que esta información se da en relación con el recibo de fondos federales y que funcionarios escolares pueden verificar (comprobar) la información. Tengo plena conciencia de que si deliberadamente doy información falsa, mis hijos pueden perder los beneficios de comidas y puedo ser enjuiciado según las leyes estatales y federales aplicables.

Parent/Guardian First Name (Nombre del padre/tutor) Parent/Guardian Last Name (Apellido del padre/tutor) Date (Fecha)

I do not have a Social Security Number No tengo un Número del seguro social

Signature of parent/guardian (Firma del padre/tutor)

No, I do not want school officials to share information from my application with Medicaid.

An ADULT household member MUST SIGN and include the last four digits of his/her SOCIAL SECURITY NUMBER above. Un miembro ADULTO del hogar DEBE FIRMAR e incluir los últimos 4-dígitos de su Número de Seguro Social arriba.

MUST LIST PHONE CONTACTS (DEBE LISTAR CONTACTOS de TELEFONO):

Day (Día) Evening (Tarde) Other (Otro)

2106293913 DO NOT WRITE IN THIS AREA