

# ~ I N S T R U C T I O N S ~

## 2008 - 2009 FAMILY APPLICATION FOR MEAL BENEFITS

**PART 1** You must complete one application for each Foster student. You must include last name, first name, birth date and student income.

**PART 2** If Homeless, Migrant, or a Runaway you will need to contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546.

**PART 3** List all students in household currently attending Duval County Public Schools. You must include last name, first name, birth date and student income. Mark an **(X)** in the box if the student is New (to Duval County), a Pre-Kindergartner or a Kindergartner.

**PART 4** List the food stamp or TANF case number (Temporary Assistance for Needy Families) for each student listed. This should be a ten digit number. Please do not use the Food Stamp or TANF card number. Households who are currently members of the certified food stamp or TANF programs may skip Part 5 when completing the family application.

**PART 5** List everyone living in the household who is not a student currently attending a Duval County Public School. Please list gross income for each member living in the household including how much and how often.

**DEPLOYED SERVICE MEMBERS:** For the purpose of determining household size, families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals. The Military Housing Privatization Initiative states that you do not include the housing allowance.

**NO INCOME:** If a member of your household has no income, mark an **(X)** in the box on the far right of the page beside the household member's name.

**TOTAL MEMBERS CURRENTLY LIVING IN HOUSEHOLD:** Add the total household members in Part 3 and Part 5 and insert in the box below.

If you do not list any income on your application, **it is only valid for 45 days**. You must reapply in order to be eligible for benefits.

**PART 6** Optional

**PART 7** Optional

**PART 8** All applicants must complete this section. The Free & Reduced Price Meal Department may need to contact you for additional information.

**PART 9** Please sign and date your application because it cannot be processed without a signature.