

Bishop Kearney High School

APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

To apply for free and reduced price meals for your children, read all instructions carefully, complete only one form for your household, sign your name and return it to the main office at Bishop Kearney High School. Call 585-342-4000 x 218, if you need help. Additional names may be listed on a separate paper if more space is needed. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

Name of Bishop Kearney Student(s) _____
 Name of Parent/Guardian completing this document _____
 Email Address: _____
 Home Phone: _____ Work Phone: _____
 Home Address: _____

1. List all children in your household under the age of 18:

Student Name(s)	School	Grade

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Do not include the 16-digit number on your benefit card. The case number is provided on your benefit letter. Skip to Part 5, and sign the application.

Name: _____ CASE# _____

3. Report all income for ALL household members, including yourself and all children that have income.

(Skip this step if you filled in step 2.)

List all household members (including yourself) even if they do not receive income. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number above. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

See back of this page for additional details regarding this section

Name and Age	Gross Work Earnings (before deductions) Amount/How Often	Child Support, Alimony Received Amount/How Often	Pensions, Retirement Income Amount/How Often	Other Income, Social Security Amount/How Often	No Income (check)
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Total Household Members (Children and Adults) _____

**See back for more required information*

4. Create a Smart Aid account and submit all household information for verification

Directions: create a smart aid account by going to <https://aid.smarttuition.com/> and then click on "Access Smart Aid for Parents." If you are a new user, create an account and submit all information. Once you have submitted all of your information or if you already have an account please check the appropriate box below.

- I have completed a Smart Aid account and have submitted all of my household information
- I have NOT completed a Smart Aid account. (applicants who do not complete a Smart Aid account will not be accepted)

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that school officials will verify this information and if I purposely give false information, I will forfeit any/all financial aid and my children may be dismissed from the program and/or Bishop Kearney as an institution.

Signature: _____ Date: _____

Last Four Digits of Social Security Number: XXX-XX-____ _ I do not have a SS#

DO NOT WRITE IN THIS BOX – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application) Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster
 - Smart Aid Account completed
 - Income Household: Total Household Income/How Often: _____/_____
- Household Size: _____

_____ Free Meals _____ Reduced Price Meals _____ Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS FOR PART 3

(1)Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space. (2)Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person’s usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program. (3)The application must include the last four digits only of the social security number of the adult who signs

PRIVACY ACT STATEMENT

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a SNAP, 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.

The Bishop Kearney lunch program is not regulated by the Local, State, or Federal government. Our program receives no funding from any government agency and relies completely on donations from our community. We therefore reserve the right to terminate this program at any time and for any reason. We also reserve the right to accept or deny any student for any reason.