



**5. SIGNATURE AND SOCIAL SECURITY NUMBER:**

An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a Social Security number is not needed.

*I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ -OR-  I do not have a Social Security Number

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Privacy Act Statement:** National School Lunch Act (Section 9) – requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefit, administrative claims or legal actions if incorrect information is reported.

**6. RACIAL/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so:

Mark one or more racial identities:

- Asian
- American Indian or Alaska Native
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**7. OTHER BENEFITS:** Your family may be eligible for MORE benefits. You do not have to complete this part to receive free and reduced-price meals. CHECK AND SIGN BELOW.

If you would like **FREE OR LOW-COST HEALTH INSURANCE** for your children, call Apple Health for Kids at 1-877-543-7669 or go to their website at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>.

Please check the appropriate box and sign below if you want to give school officials permission to use the information provided on this application to determine your children's eligibility for:

**ALL ACTIVITIES & PROGRAMS**

**ATHLETIC REDUCED FEES**

**TESTING FEES**

**OPERATION SCHOOL BELL**

**COLLEGE SCHOLARSHIP PROGRAM**

**CLASS FEES**

By signing below, I authorize the use of information contained on this application for my children listed on the front of this document for the above. For these purposes only, I waive my confidentiality.

Please sign here: X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

<b>For Official Use Only:</b>	
Basic Food/FDPIR/TANF household categorically eligible for Free:	____ Yes      ____ No
Eligibility Classification: Free	____ Reduced ____ Paid ____
Temporary: Free	____ Reduced: ____ Temp Expiration Date: _____
Determining Official's Signature:	_____ Date: _____