

Instructions to Apply for Free and Reduced Lunch

This is a reminder that each new school year you must sign up for the Free/Reduced Breakfast/Lunch program if you would like to participate. On Sept 19th each student that was on the program at a Rutherford County school last year but has not reapplied for the program this year will go back to full pay which means breakfast will be \$ 1.50 and lunch will be \$3.00

I encourage you to apply online at <https://frmeals.rcschools.net> or click on the link that is on our main web page here at Oakland Middle School. This is an easier/speedier process (usually 4 questions) and at the end of it please write down your confirmation number and Web ID#. This is how we can keep track of your application.

If you choose to apply with a paper form please fill out all the areas that are highlighted. If you have SNAP you must enter your case number.

If you have any questions please feel free to give me a call:

Sherry West

Cafeteria Manager at Oakland Middle School
615-904-6760 extension 31152

* Income Application *

Rutherford County Schools

2018-2019 Family Application For Meal Benefits

USE BLACK INK, print neatly within the boxes. Complete one application per household. Apply Online at: <http://rctmeals.rcschools.net>

LIST ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

Student ID (Optional)	First Name (Legal)	MI	Last Name (Legal)	Date of Birth MM DD YY	School Code (See back cover)	Grade	Student ? Yes No	Foster Child	Residence Migrant, Runaway
3654123	Brittany		Barrett	7 31 12	110	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
2571321	Taylor		Barrett	3 20 10	104	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
2615892	Riley		Barrett	5 5 19			<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
							<input type="checkbox"/>	<input type="checkbox"/>	H M R
							<input type="checkbox"/>	<input type="checkbox"/>	H M R

Check all that apply

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Yes or No (Circle One)
 If you answered NO - Complete STEP 3. If you answered YES - write a case number here then go to STEP 4. (Do not complete STEP 3) Case Number: _____

Report Income for ALL Adult Household Members (Skip this step if you answered "Yes" to Step 2)
 A. Child Income: (Include children in the household who have earned income. Please include the TOTAL income earned by all CHILDREN and STUDENTS listed in STEP 1 here.)
 Child Income: \$ _____ How Often? _____

B. All Adult Household Members (including yourself)
 List all Household Members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report that total income for each source in whole dollars only. Do not include income from any source, write "0". If you enter "0" or leave any field blank, you are certifying (penalizing) that there is no income to report.

Print legal first and last names of adults in household including staff (if applicable)	Case No. (SNAP)	Public Assistance (TANF, FDIPIR)	How Often?	How Often?	How Often?	How Often?	How Often?	How Often?
Robyn Barrett	100	<input checked="" type="checkbox"/>						

CERTIFICATION I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, as a child, my name may be removed from the program, and I may be prosecuted under state and federal statutes.

Kelsi Barrett
 FIRST NAME (Print)

Robyn
 LAST NAME (Print)

Barrett
 DATE SIGNED 7 31 19

TOTAL Household Members: 4 Last Four Digits on Driver's License (or other Adult Household Member): 1234 Check if no SSN
 1821 Central Valley Road Murfreesboro TN 37127 615 893 5812

OFFICE USE ONLY: Date of Information: M M D D Y Y Household Size: _____ Total Income: _____ Eligibility Code: _____ Reviewer: _____

* SNAP# (TANF, FDIPIR) Application *

Rutherford County Schools

2018-2019 Family Application For Meal Benefits

USE BLACK INK, print neatly within the boxes. Complete one application per household. Apply Online at: <http://rctmeals.rcschools.net>

LIST ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

Student ID (Optional)	First Name (Legal)	MI	Last Name (Legal)	Date of Birth MM DD YY	School Code (See back cover)	Grade	Student ? Yes No	Foster Child	Residence Migrant, Runaway
2917043	Tommy		R Johnson	2 17 13	25	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
6254310	Princess		Johnson	7 12 08	95	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
	Raven		Johnson	6 25 19			<input checked="" type="checkbox"/>	<input type="checkbox"/>	H M R
							<input type="checkbox"/>	<input type="checkbox"/>	H M R
							<input type="checkbox"/>	<input type="checkbox"/>	H M R

Check all that apply

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Yes or No (Circle One)
 If you answered NO - Complete STEP 3. If you answered YES - write a case number here then go to STEP 4. (Do not complete STEP 3) Case Number: 00246198754

Report Income for ALL Adult Household Members (Skip this step if you answered "Yes" to Step 2)
 A. Child Income: (Include children in the household who have earned income. Please include the TOTAL income earned by all CHILDREN and STUDENTS listed in STEP 1 here.)
 Child Income: \$ _____ How Often? _____

B. All Adult Household Members (including yourself)
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Print legal first and last names of adults in household including staff (if applicable)	Case No. (SNAP)	Public Assistance (TANF, FDIPIR)	How Often?	How Often?	How Often?	How Often?	How Often?	How Often?
Susan Johnson	2419	<input checked="" type="checkbox"/>						

CERTIFICATION I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal Funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, as a child, my name may be removed from the program, and I may be prosecuted under state and federal statutes.

Susan Johnson
 FIRST NAME (Print)

Susan
 LAST NAME (Print)

Johnson
 DATE SIGNED 8 1 19

TOTAL Household Members: 7 Last Four Digits on Driver's License (or other Adult Household Member): 2419 Check if no SSN
 1225 Jefferson Pike Smyrna TN 37067 615 310 7782

OFFICE USE ONLY: Date of Information: M M D D Y Y Household Size: _____ Total Income: _____ Eligibility Code: _____ Reviewer: _____