

USE BLACK INK, print neatly within the boxes. Complete one application per household.

Apply Online at www.moorepublicschools.com or mail to 615 S. Tower Dr. Moore, OK, 73160

Moore Public Schools

Step 1 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.)

Definition of Household Member: "Any one who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Student ID (Optional)	Child's First Name	MI	Child's Last Name	Date of Birth (Optional)	MPS Student? Yes / No	Grade	Feeder Child Migrant, Runaway	Homeless, Migrant, Runaway
									H M R
									H M R
									H M R
									H M R
									H M R

Check all that apply

Step 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FOPFR? Yes / No (Circle One)

Case Number: _____

Step 3 Report income for ALL Adult Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income Sometimes children in the household have earned income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income (before taxes) for each source in whole dollars only, if they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Child Income \$ _____

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/Child Support/Alimony	How Often?	Position/Retirement/All Other Income	How Often?
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M

TOTAL Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Household Member Completing this form. _____

Check if no SSN

Step 4 Contact information and adult signature

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.

Mailing Address (if available to) _____ Apt # _____ City _____ State _____ ZIP _____

Daytime Phone and Email (optional) _____

Today's Date _____

Supervisors NAME (clearly print) _____ Supervisor LAST NAME (clearly print) _____

Signature of Adult completing the form _____

Sharing Information with Medicaid/SoonerCare

If your children get free or reduced-price school meals, they MAY also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness. Because health insurance is so important to children's well being, the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to. Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the application for the Free and Reduced-Price Meals does not automatically enroll your children in health insurance. If you do not want to share information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No, I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare. For more information, you may call your child's school. If you checked NO, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____ Printed Name: _____

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

OPTIONAL Children's Racial and Ethnic Identities

Hispanic or Latino NOT Hispanic or Latino American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White