



Application for School Meal Assistance - 2020/2021 School Year

Please answer all questions fully and to the best of your ability. All applications are treated with strict confidentiality and applications with complete information are processed faster and have a better chance of approval.

(A) CHILD:

For each child for which you are applying for lunch support please state the following:

Full name - Date of birth (day/mon/yr) - Place of birth - Gender (male/female) - Nationality, School attending /Grade level or Year

(B) APPLICANT:

List parent/guardian's names and dates of birth:

List parent/ guardian's address and contact numbers:

Parent/guardian's nationality:

State the address where child/children resides:





Who does the child live with?

What is the total number of persons residing in this household (adults and children)?

Are the parents/guardian's employed? If YES, state below parent/ guardian's employers and occupation:

Please complete the following financial assessment (even if unemployed):

***If actively employed provide an employment confirmation letter verifying employment and income.**

Total monthly income	
Income 1	
Income 2	
Income 3	
Extra income	
	\$
Total monthly expenses	
Rent or Mortgage	
Groceries / Food	
Electricity	
Water	
Vehicle / other loan payment	
Bus/taxi fare	
Gas	
Phone	
Cable	
Insurance (health, home)	
Medical (care, prescriptions)	
School tuition (*as paid when applicable)	
Lunch money (*as paid when applicable)	
Child care	
Personal Care	
	\$

Has the family received school meal assistance from Feed our Future in the past?

Is the family currently receiving poor relief assistance (such as food vouchers, school meal vouchers, rent or utility vouchers) from the Needs Assessment Unit or another source? If YES state frequency, expected duration, and dollar amount of payments:



DECLARATION AND RELEASE OF INFORMATION:

We collect information that you provide by completing this form for assessment and eligibility determination purposes only and in order to consider your request for school meal support for your child/ children. Some information provided is subject to verification by thirds parties.

Feed our Future will not discriminate on the basis of race, colour, nationality, gender, age or disability. All information provided will be treated in strict confidence.

I declare that the information supplied by way of this application form is complete, truthful and correct in every detail. Further, I hereby give my consent to Feed Our Future to enable them to obtain information from the agencies/associates/persons identified on this application including Government agencies Department of Children & Family Services and the Needs Assessment Unit and hereby authorise such agencies/associates/persons to provide Feed Our Future with information relevant to me and / my family's case history and circumstances which may include but are not be limited to information as to character, mode of living, work history, personal financial status, court or criminal records. I fully release Feed Our Future, its Directors and Officers and all other parties involved in the processing of this application and those agencies/associates/persons who provide information concerning my family or me, from any claims or actions for any liability whatsoever related to the process or results of my application.

Printed Name & Signature of Applicant:

Date:

(C) REFERRAL: A referral MUST accompany this application.

Name of the person (School Principal, Teacher, Counselor, Social or Community Worker or Truancy Officer) that is recommending this application:

Contact number and email:

Relationship to the applicant and or child:

Rate the level of need in this case (on a scale of 1 Low - 5 high):

What are your specific observations or concerns about the family or child's circumstances?

Please supply any other information that would be helpful in considering this application:

Printed Name & Signature of Referring Party:

Date: