



## BREVARD PUBLIC SCHOOLS

### ONLINE FREE & REDUCED APPLICATION INSTRUCTIONS 2020-21

#### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM FLORIDA SNAP, FLORIDA TANF OR FDPIR FOLLOW THESE INSTRUCTIONS:

**Part 1: Skip Part 1**

**Part 2:** List the case number for any household member (including adults) receiving SNAP, TANF or FDPIR benefits.

**Part 3:** List all students attending Brevard County Schools and name of school for each child.

**Part 4:** Fill out the guardian information. The last four digits of a Social Security Number are not necessary.

**Part 5: Skip Part 5**

**Race/Ethnic Identity:** Answer this question if you choose.

**Part 6:** Agree to both statements, click the gray box to add the guardian signature then click submit.

#### IF NO ONE IN YOUR HOUSEHOLD GETS FLORIDA SNAP, FLORIDA TANF OR FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT, HEAD START OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** If any child you are applying for is homeless, migrant, head start or runaway, check the appropriate box and call Lisa Keysor (Homeless Liaison) at 633-1000 x11294 or the Head Start Coordinator or Migrant Coordinator at x11355.

**Part 2: Skip Part 2**

**Part 3:** List all students attending Brevard County Schools and name of school for each child.

**Part 4:** Fill out the guardian information and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Part 5:** List all household members. For each household member, list **gross income** and how often it is received. Check the box for zero income for any household member that has no income.

**Race/Ethnic Identity:** Answer this question if you choose.

**Part 6:** Agree to both statements, click the gray box to add the guardian signature then click submit.

#### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

**Skip Parts 1 and 2**

**Part 3:** List all foster children attending Brevard County Schools and name of school for each child. Check the box indicating the child is a foster child.

**Part 4:** Fill out the guardian information. The last four digits of a Social Security Number are not necessary.

**Race/Ethnic Identity:** Answer this question if you choose.

**Part 5: Skip Part 5**

**Part 6:** Agree to both statements, click the gray box to add the guardian signature then click submit.

If some of the children in the household are foster children:

**Part 1:** If any child you are applying for is homeless, head start, migrant or runaway, check the appropriate box and call Lisa Keysor (Homeless Liaison) at 633-1000 x11294 or the Head Start Coordinator or Migrant Coordinator at x11355. If not, skip this part.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** List all students including foster children attending Brevard County Schools and name of school for each child. Check the box indicating the children that are foster children. Do NOT check the box for the students who are not foster children.

**Part 4:** Fill out the guardian information and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Part 5:** List all household members. For each household member, list **gross income** and how often it is received. Check the box for zero income for any household member that has no income. Do not include income from foster payments received by the family from the placing agency. If you choose to include the foster child as a household member you must list any personal income earned by the foster child.

**Race/Ethnic Identity:** Answer this question if you choose.

**Part 6:** Agree to both statements, click the gray box to add the guardian signature then click submit.

#### ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** If any child you are applying for is homeless, head start, migrant or runaway, check the appropriate box and call Lisa Keysor (Homeless Liaison) at 633-1000 x11294 or the Head Start Coordinator or Migrant Coordinator at x11355. If not, skip this part.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** List all students attending Brevard County Schools and name of school for each child.

**Part 4:** Fill out the guardian information and list the last four digits of their Social Security Number (or mark the box if he/she does not have one).

**Race/Ethnic Identity:** Answer this question if you choose.

**Part 5:** List all household members. For each household member, list **gross income** and how often it is received. Check the box for zero income for any household member that has no income. Do not include income from foster payments received by the family from the placing agency. If you choose to include the foster child as a household member you must list any personal income earned by the foster child.

**Part 6:** Agree to both statements, click the gray box to add the guardian signature then click submit.

**Please contact the Free & Reduced Coordinator at (321) 633-1000 x11642 or email [FSHelpDesk@brevardschools.org](mailto:FSHelpDesk@brevardschools.org) if you need assistance.**

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