2022-2023 Household Application for Free and Reduced Price

School Meals Complete one application per household. Please use a pen (not a pencil)

| STEP 1 List ALI | - Household Members who are infants, c | hildren, and studen | ts up to a | and includin | g grade | 12 (if mor | e spaces | are req | uired for ad | ditional I | names, attach a | another sh | eet of p | aper) | |
|--|--|------------------------|---------------|-----------------------|-------------|-------------------|-------------------------------|----------------|--------------------|--------------|------------------------------------|------------------|---------------|-----------------|---------------------------------|
| Definition of Household | Child's First Name | МІ | Child's | s Last Name | | | | | | | Grade | Student Yes N | t? No | Foster Child | Homeless Migrant, Runaway |
| Member: "Anyone who is living with you and shares | | | | | | | | | | | | | | | |
| income and expenses, even if not related." | | | | | | | | | | | | | apply | | |
| Children in Foster care and children who meet the | | | | | | | | | | | | | all that | | |
| definition of Homeless, Migrant or Runaway are eligible for free meals. Read | | | | | | | | | | | | | Check | | |
| How to Apply for Free and Reduced Price School | | | | | | | | | | | | | | | |
| Meals for more information. | | | | | | | | | | | | | | | |
| STEP 2 Do any | Household Members (including you) cur | rently participate in | one or n | nore of the f | ollowing | assistan | ce progra | ims: SN | AP, TANF, o | or FDPIR | ? | | | | |
| | If NO > Go to STEP 3. If | YES > Write a case | number h | nere then go to | STEP 4 | (Do <u>not co</u> | omplete S | <u>(EP 3</u>) | Case N | lumber: | | | | | |
| | ······ 6 41111 1-1111 (61 | L' | | | | | | | | | | Write only one | e case nui | mber in th | nis space |
| STEP 3 Report I | ncome for ALL Household Members (Skip 1 | nisstep if you answ | erearyes | (1051EP2) | | | | | | | Lieux effer 2 | | | | |
| | A. Child Income Sometimes children in the household earn o | r razaiva inaama. Dlaa | no includo | the TOTAL inc | | ived by ell | | C | child income | Weekl | How often? y Bi-Weekly 2x Month | Monthly | | | |
| | Household Members listed in STEP 1 here. | r receive income. Plea | se include | the TOTAL Inc | ome rece | ived by all | | \$ | | 0 | \circ | 0 | | | |
| Are you unsure what | B. All Adult Household Members (in | ••• | f) even if th | nev do not rece | aive incom | ne Foread | h Househo | d Membe | ar listed if the | | e income report | total gross ir | ncome (h | efore tax | |
| income to include here? | 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 total gross income (before taxes) for each source in whole dollars (no cents) 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. | | | | | | | | | | | | | | |
| Flip the page and review the charts titled "Sources of Income" for more | Name of Adult Household Members (First and Last) | Earnings from Work | Weekly | Bi-Weekly 2x Month | Monthly | | Assistance/ upport/Alimony | / Weekly | Bi-Weekly 2x Mo | | Pensions/Re All Other Inco | | | | nth Monthly |
| information. | | \$ | 0 | \bigcirc \bigcirc | \bigcirc | \$ | | 0 | 00 | \bigcirc | \$ | (| ЭC | $)$ \bigcirc | 0 |
| The "Sources of Income for Children" chart will | | \$ | 0 | 0 0 | \bigcirc | \$ | | 0 | 0 0 | \bigcirc | \$ | (| С |) | 0 |
| help you with the Child Income section. | | \$ | 0 | 0 0 | 0 | \$ | | 0 | 0 0 | \circ | \$ | | D C | | 0 |
| The "Sources of Income for Adults" chart will help you with the All Adult | | \$ | 0 | 0 0 | 0 | \$ | | 0 | 0 0 |) () | \$ | | D C |) () | 0 |
| Household Members section. | | \$ | 0 | 0 0 | 0 | \$ | | 0 | 0 0 |) () | \$ | | D C |) () | 0 |
| | Total Household Members | Last Four Digits of | Social Secu | urity Number (S | SN) of | | | | | | | | | | |
| | (Children and Adults) | Primary Wage Earn | er or Other | Adult Househo | old Membe | er X | X X | XX | | | Check if no SSN | 1 | | | |
| STEP 4 Contact | information and adult signature. | | | | | | | | | | | | | | |
| | ation on this application is true and that all income is rep | | | n is given in conr | ection with | the receipt o | f Federal fur | ds, and tha | at school official | s may verify | (check) the informat | ion. I am awar | e that if I p | urposely (| give |
| | ay lose meal benefits, and I may be prosecuted under ap | | laws. | | | | | | | | | | | | |
| Street Address (if available) | Apt # | City | | | State | | Zip | | Daytime | Phone an | d Email (optional) |) | | | |
| | | | | | | | | | | | | | | | |
| Printed name of adult signin | g the form | Signature of a | Idult | | | | | | Today's | date | | | | | |

| Sources of Ind | Sources of Income for Adults | | | | |
|--|---|---|--|---|--|
| Sources of Child Income | Example(s) | Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income | |
| Earnings from work - A child has a regular full or part-time job where they earn a salary or wages | | - Salary, wages, cash bonuses | - Unemployment benefits - Worker's compensation | - Social Security (including railroad | |
| Social Security Disability Payments Survivor's Benefits | A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits | Net income from self- employment (farm or business) If you are in the U.S. Military: | Supplemental Security Income (SSI) Cash assistance from State or local government | retirement and black lung benefits) - Private pensions or disability benefits - Regular income from | |
| Income from person outside the household - A friend or extended family member regularly gives a child spending money | | - Basic pay and cash bonuses (do NOT include combat pay, | Alimony payments Child support payments Veteran's benefits | trusts or estates - Annuities - Investment income - Earned interest | |
| -Income from any other source | - A child receives regular income from a private pension fund, annuity, or trust | FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing | - Strike benefits | Rental income Regular cash payments from outside household | |

OPTIONAL Children's Racial and Ethnic Identities

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.

| Ethnicity (check one): Hispanic or Latino Not Hispanic or | | | |
|---|-----------|---------------------------|---|
| Race (check one or more): |] Asian 🛛 | Black or African American | Native Hawaiian or Other Pacific Islander White |

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 | | | | | | | | | |
|--|-----------------------------------|--------------------------------------|--------------------------------|------|--|--|--|--|--|
| Total Income | How often? | - | Eligibility: | | | | | | |
| Total Income | Weekly Bi-Weekly 2x Month Monthly | Household Size | Free Reduced Denied | | | | | | |
| | \circ \circ \circ \circ | Categorical Eligibility | \circ \circ \circ | | | | | | |
| Determining Official's Signature | Date | Confirming Official's Signature Date | Verifying Official's Signature | Date | | | | | |
| | | | | | | | | | |