2018-2019 Household Application for Free and Reduced Price School Meals

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

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STEP 1 List ALL I	Household Members who are i	nfants, children, and	d students up to and includi	ing grade 12 (if r	nore spaces are rec	quired for additional na	mes, attach another s	sheet of paper.
Definition of Household Member: "Anyone 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.	Child's First Name		hild's Last Name	llowing assistant	School Name	Grade Yes Yes TANF, or FDPIR? Circle	ent? No Foster Open and that a public form of the for	Homeless, Migrant, Runaway
If NO > Go to S	STEP 3. If YES > Write	e a case number here th	hen go to STEP 4 (Do <u>not compl</u>	lete STEP 3)	Case Number:			
	come for ALL Household Member			<u> </u>			Write only one ca	se number in this space
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	A. Child Income Sometimes children in the household Members listed in STE B. All Adult Household Mem List all Household Members not lis receive income, report total gross is are certifying (promising) that there Name of Adult Household Members (Fire Total Household Members (Children and Adults)	P 1 here. Ibers (including your ted in STEP 1 (including income (before taxes) for e is no income to report. St and Last) St and Last St and Last Last Four I	rself) yourself) even if they do not recei r each source in whole dollars (no How often?	ve income. For each cents) only. If they come the second s	h Household Member list do not receive income from the second sec	How often? -Weekly 2x Month Monthly \$ \$ \$ \$ \$ \$ \$	Pensions/Retirement/	Monthly ields blank, you How often? Bi-Weekly 2x Month Monthly
STEP 4 Contact in	nformation and adult signature	•						
	ion on this application is true and that all includes meal benefits, and I may be prosecute Apt #		-		of Federal funds, and that so	chool officials may verify (check) to		at if I purposely give

Printed name of adult signing the form Signature of adult Today's date

Sources of Income for Children				
Sources of Child Income	Example(s)			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages			
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 			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Sources of Income for Adults						
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest 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 Race (check one or more): American Indi		Black or African American						
The Richard B. Russell National School Lunch Act req	• • • • • • • • • • • • • • • • • • • •	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.						
meals. You must include the last four digits of the social secusions the application. The last four digits of the social secusions the application. The last four digits of the social secusions the application. The last four digits of the social secusions the application. The last four digits of the social securior behalf of a foster child or you list a Supplemental Nutrition Assistance for Needy Families (TANF) Program or Food E (FDPIR) case number or other FDPIR identifier for your children in the social secusion of the s	rurity number of the adult household member who rity number is not required when you apply on a Assistance Program (SNAP), Temporary Distribution Program on Indian Reservations	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.						
member signing the application does not have a social sec determine if your child is eligible for free or reduced price the lunch and breakfast programs. We MAY share your eli nutrition programs to help them evaluate, fund, or determine	curity number. We will use your information to meals, and for administration and enforcement of ligibility information with education, health, and	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:						
program reviews, and law enforcement officials to help the In accordance with Federal civil rights law and U.S. Departs and policies, the USDA, its Agencies, offices, and employed	tment of Agriculture (USDA) civil rights regulations	1.) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2.) fax:(202) 690-7442; or 3.) e-mail: 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 (*INCOME: If mixed frequency is listed on application, convert to "YEARLY"). How Often?								
Total Income Weekly	Bi-Weekly 2xMonthly Monthly Annual	Household Size Free Reduced Denied						
\$		Categorical Eligibility						
Determining Official's Signature	Date Confirming Offici	ial's Signature Date Verifying Official's Signature Date						