2018-2019 Application for Free and Reduced Price School

Complete one application per household. Please use a pen (no pencil).

**If you received notification this school year that your child(ren) is approved for free meals — do NOT complete this form.

X X X Check if no SSN	XXXXX clult member of rederal funds, and	Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of (Children and Adults) Last Four Digits of Social Security Number (SSN) of (Children and Adults) Contact information and adult signature (All applications MJUST be signed by an adult member of the household) 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 also information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	SIMP 4 SOMERE INTO MITERO CONTROL OF THE PARTY (promise) that all information on this applications information, my children may lose meal benefits.
X Check if no SSN the household) the household) that school officials may verify (check) the information. I am aware that	X X X X X X X X X X X X X X X X X X X	tid Members Last Four Digits of Social Security Number (SSN) of Adults) Last Four Digits of Social Security Number (SSN) of Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (SI) and adult Signature (All applications MJUST be Signed by an area is true and that all income is reported. I understand that this information is given in connection with the recurrent I may be prosecuted under applicable State and Federal laws."	THE CONTRESS OF THE CONTRESS O
Check if no SSN		\$ Last Four Digits of Social Security Number (SSN) of Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member and adult signature (All applications MUST be signed by an ar	4
Check if no SSN	× ×	bers	
			Total Household Members (Children and Adults)
		\$ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Income for Adults section will help you with the All Adult Household Members section.
How often? Pensions/Retirement/ All Other Income Weekly B-Wieekly 2x Month Monthly All Other Income Weekly B-Wieekly 2x Month Monthly State Stat	Public Assistance/ Child Support/Alimony Weekly	Name of Adult Household Members (First and Last) S Earnings from Work Weekly Bi-Weekly 2x Menth Monthly Chi S	dren / (
Child income Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Monthly Weekly Bi-Weekly Bi-Weekly 2x Monthly Weekly Bi-Weekly 2x Monthly Weekly Bi-Weekly Bi-Weekly Bi-Weekly 2x Monthly Weekly Bi-Weekly Bi-Weekly Bi-Weekly 2x Monthly Weekly Bi-Weekly Bi-W	e earned by all \$ [in the household receive and/or earn income. Please slisted in STEP 1 here. sehold Members (including yourself) embers not listed in STEP 1 (including yourself) even if the contraction of the contractio	A. Child Income Sometimes children Household Members to Apply for Free and Reduced Price School Meats for School Meats for more information. A. Child Income Sometimes children Household Members List all Household Members whole dollars only. If
STEP 3) Case Number: Write only one case number in this space. (STEP 2)		If you circled 'No' in Step 2 then Complete STEP 3. If you circled 'Yes' then write case number and go to STEP 4 STEP 3 Report GROSS (before Deductions) Income for ALL Household Members (Skip this step if you	If you circled 'No' in Step 2 th
istance programs: SNAP, TAFI, or FDPIR?	277888	Do any Household Members (including you) currently participate in one or more of the following ass	STEP 2 Do any Household Me
			Meals for more information.
			elligher for free meals. Read How to Apply for Free and
			Children in Foster care and children who meet the definition of Homeless, Microsoft or Burgarian and
The second secon			income and expenses, even if not related."
Grade School Name (X) if YI	Y/N G	rst Name MI Child's Last Name	Definition of Household Member: 'Anyone who is living with you and shares

Printed name of adult completing the form

Signature of adult completing the form

Today's date

section is optional and does not affect your children's eligibility for free or reduced price meals 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 ☐ Reduced-Price Meals ☐ Foster Student(s) **Household Determination:** Determining Official: Signature of ☐ Free Meals Withdrawal Date: Approved: ☐ Food Stamp/TAFI/FDPIR members listed in Step 1 and Step 3. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals. Provide the last four digits of your social security number. The household's primary wage earner or another adult household member must enter the last four digits of their social security number in the space provided. If no adult household members have a social security number, leave this space blank and mark the box to the right labeled "Check if no SS#. 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 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 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 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 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 4. All applications must be signed by an adult member of the household. By signing the application that household member is promising that all information has been truthfully and completely Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number MUST be equal to the number of household 3 B) Please include ALL members in your household who are living with you and share income and expenses, even if not related and even if they do not receive income of their own. DO NOT include and social security (disability payments or survivor's benefits) 3 A) Report all income earned by all children. Child income is money received from outside your household that is paid directly to your children; this includes but is not limited to earnings from work 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). If applicable, list a current food stamp, FDPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed). http://www.ascr.usda.gov/<u>complaint_filing_cust.html</u>, and at any USDA office form, call (866) 632-9992. Submit your completed form or letter to USDA by: 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: (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 determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. 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 identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or check boxes to the right of each field. Income: Report all amounts in gross income (before taxes and premiums) only. Report all income in whole dollars. Do not include cents, Mark how often each type of income is received using the children and students already listed in Step 1. mail: U.S. Department of Agriculture If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue INCOMPLETE APPLICATIONS WILL BE DENIED 1400 Independence Avenue, SW Washington, D.C. 20250-9410; Office of the Assistant Secretary for Civil Rights Hispanic or Latino Not Hispanic or Latino Ethnicity (check one): 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 Frequency ☐ Income over Allowed Denied: Incomplete/Missing Official Use Only - Do Not Write in Boxes Below # in Household You will receive a letter when you are approved or denied; until that time, you are responsible for any charges. (2) fax: (202) 690-7442; or This institution is an equal opportunity provider American Indian or Alaskan Native Date Determined: Weekly x52, Every 2 Weeks x26, Date Notice Sent: Twice Monthly x24, Monthly x12 Frequencies Convert to Annual if Multiple Race (check one or more) (3) email: program.intake@usda.gov Native Hawaiian or Other Pacific Islander Black or African American Verifying Official: Signature of ☐ Ineligible – Reason: Results: Date 1st *Must be a different individual than the Determining Official **Confirming Official:** Signature of ☐ No Change Notification Sent: ☐ Free to Reduced □ Reduced to Free Notification Sent: Date:

Children's Racial and Ethnic Identities

*Must be a different individual than the Confirming Official

*Can be same as Determining Official