## 2019-2020 Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL	Household Members who are infants, chi	ldren, and stud	lents up t	o and inclu	uding grad	de 12 (if n	nore s	spaces a	are requ	uired fo	or addition	nal nam	nes, atta	ch anothe	r shee	t of pa	aper)	
Definition of <b>Household</b>	Child's First Name	N	/II Chilo	d's Last Na	ame								Grade	s Ye:	tudent? s No		Foster Child	
<b>Member</b> : "Anyone who is living with you and shares																] [		
income and expenses, even if not related."																apply		
Children in <b>Foster care</b> and children who meet the																all that		
definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are eligible for free meals. Read																Check		
How to Apply for Free and Reduced Price School																		
Meals for more information.																JL		
STEP 2 Do any H	Household Members (including you) curre	ntly participate	in one oi	r more of t	he followi	ng assist	tance	progran	ns: SN	AP, TA	NF, or FDI	PIR?						
	If NO > Go to STEP 3. If YE	<b>ES</b> > Write a ca	ase numbe	r here then	go to STE	9 4 <u>(</u> Do <u>no</u>	ot comp	olete STE	<u>EP 3</u> )	Ca	se Numbe	r:						
														Write or	ily one ca	ase nun	nber in 1	this space
STEP 3 Report Ir	ncome for ALL Household Members (Skip thi	is step if you ans	swered 'Y	es' to STEF	°2)													
	A. Child Income								0	hild in com	"		How often? Weekly 2x Mo					
	Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.							0	O C									
	B. All Adult Household Members (incl		,						• [									
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only	( 0)	,							,	,		· · ·	0		· ·		,
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from We	ork Week	How often?			Public Assistance/ Child Support/Alimony Weekly			How often? Bi-Weekly 2x Month Monthly		thly	Pensions/Retiren All Other Income		Weekly		w often?	
of Income" for more information.		\$		$) \bigcirc$	0 0	\$			0	0	0 0	)	\$			0	C	
The "Sources of Income for Children" chart will		\$		) ()	0 0	\$			0	0	0 0	)	\$			0	C	
help you with the Child Income section.		\$			$\overline{\bigcirc}$	\$				0	0 0	)	\$					
The "Sources of Income for Adults" chart will help		\$				 				0		$\sum_{i=1}^{n}$	\$					
you with the All Adult Household Members		\$				」 ↓   \$				0			\$					
section.		<b>۵</b>			0 0	φ				0	0 0		φ					
	Total Household Members (Children and Adults)	Last Four Digits Primary Wage E			· · ·	hber	x x	x	x x			Cł	neck if no	SSN				
STEP 4 Contact	information and adult simplifying Mail Co	mulated Farm	T A	n Chantan	Cohool 0	DD E 400				744								
	information and adult signature. <u>Mail Co</u>																	
, ,	ation on this application is true and that all income is reported y lose meal benefits, and I may be prosecuted under applied			ition is given ir	1 connection V	vith the recei	ipt of Fe	deral fund:	s, and tha	t school c	officials may v	erify (che	ck) the info	rmation. I arr	aware th	at if I pu	urposely	give
Street Address (if available)	Apt #	City			Sta	te	Zip			Day	/time Phone	e and Er	nail (optio	nal)				
Printed name of adult signing	the form	Signature of	of adult							То	lay's date							

Sources of Ind	come for Children	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	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	- Social Security (including railroad			
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> </ul>	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,	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	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	<ul> <li>Rental income</li> <li>Regular cash payments</li> <li>from outside household</li> </ul>			

**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 Indian	or Alaskan Native	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 benefits for their programs, auditors for program reviews, and law enforcement officials to help them 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 >	52, Every 2 Weeks x 2 How often?	6, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Month	y Household Size	Free Reduced Denied	
	0 0 0 0	Categorical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date