## **2018-2019** Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online:

STEP 1 List ALL	Household Members who are infar	nts, chil	dren, and stude	nts up to	and inclu	ding grad	de 12 (if m	ore spac	ces are	requir	ed for a	additio	nal na	mes, atta	ch anothe	r she	et of pa	per.)
Definition of <b>Household</b>	Child's First Name	мі с	child's Last Nam	е		D	ОВ	Sch	ool Na	me			(	Grade	Student? Yes N		Foster Child	Homeless Migrant, Runawa
Member: "Anyone who is living with you and shares income and expenses, even																		
if not related."																all that apply		
Children in <b>Foster care</b> and children who meet the definition of <b>Homeless</b> ,						1										call tha		
Migrant or Runaway are eligible for free meals. Read						Ī							<del>-</del>			Check		
How to Apply for Free and Reduced Price School Meals for more information.																		
STEP 2 Do any h	lousehold Members (including you)	current	ly participate in	one or mo	ore of the f	ollowing	assistanc	e progra	ms: SN	ΔΡ Τ	ANF or	FDPIR	?					
Do any i													•					
	If NO > Go to STEP 3.	If YES	> Write a case i	number he	ere then go t	o STEP 4	(Do <u>not cor</u>	mplete ST	<u>TEP 3</u> )	C	ase Nur	nber:		V	Vrite only one	case n	umber in	this space
STEP 3 Report In	ncome for ALL Household Members (Si	kipthiss	step if you answe	red 'Yes'	to STEP 2)										•			
		<u> </u>			<u> </u>								Hov	w often?				
	A. Child Income Sometimes children in the household ea	arn or rec	eive income. Please	e include th	ne TOTAL inc	come recei	ived by all		. [	Child inco	ome	Weekl	y Bi-Week	dy 2x Month	Monthly			
	Household Members listed in STEP 1 h								\$				0	0	0			
Are you unsure what income to include here?	B. All Adult Household Members  List all Household Members not listed in for each source in whole dollars (no cer	n STEP 1	(including yourself)															
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and		Earnings from Work		How often?  Bi-Weekly 2x Montl		Public As			How	often?			Pensions/Retination	rement/	H	low often?	
of Income" for more information.	Name of Addit Household Members (First and	<u> </u>	\$	Weekly I	O O	Monthly	\$	5,000,000,000,000	Weekly	OFWEEN	y ZX IVIORIUI	O	\$	7 til Ottler inteer	Wee	) (	) (	) ()
The "Sources of Income for Children" chart will			\$		0 0	0	\$			0	0	0	\$			) (	) (	) ()
help you with the Child Income section.			\$		0 0	0	\$					0	\$			) (		) ()
The "Sources of Income for Adults" chart will help			\$		0 0	0	\$			0	0	0	\$			) (		) ()
you with the All Adult Household Members section.			\$		0 0	0	\$			0	0	0	\$			) (		) ()
	Total Household Members		Last Four Digits of S	ocial Secur	rity Number (S	SSN) of												
	(Children and Adults)		Primary Wage Earne				r X >	( X	XX				Checl	k if no SSN				
STEP 4 Contact i	nformation and adult signature. M.	ail Com	pleted Form To:															
	tion on this application is true and that all income i				is given in con	nection with	the receipt of	Federal fun	ds, and tha	at school	officials m	nay verify	(check)	the information	on. I am aware	that if I	purposely	give
false information, my children may	/ lose meal benefits, and I may be prosecuted und	der applicat	ole State and Federal la	aws."						1 [								
Street Address (if available)	Apt #		City			State		ip		_ D:	aytime PI	hone an	d Email	l (optional)				
			,					•										
Printed name of adult signing	the form		Signature of ac	lult						□ □	oday's da	ite						

Sources of Inc	ome 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	<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>
-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

ources of Income for Ad	
Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- 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     Rental income     Regular cash payments
	Public Assistance / Alimony / Child Support  - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits

## **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 Latino Race (check one or more): American Indian or Alaskan Native Asian

): 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 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 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:

Eliaibility:

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	Weekly Bi-Weekly	2x Month	Monthly	Household Size	Free Reduced Denied	
	0 0	0	0	Categorical Eligibility	0 0 0	
Determining Official's Signature	Date		(	Confirming Official's Signature Date	Verifying Official's Signature	Date