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

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Date received: \_\_\_\_\_

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

STEP 1 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.

STEP 2       Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one YES / NO         If NO       Go to STEP 3.       If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)       Case Number:       Write only one case number in this space.         STEP 3       Report Income for ALLHousehold Members (Skip this step if you answered 'Yes' to STEP 2)       Case Number:       Write only one case number in this space.         Are you unsure what income to include there?       A. Child Income       Solution in the household aam or receive income. Please include the TOTAL income received by all thousehold Members listed in STEP 1 there.       How Oten?         B. All Adult Household Members on listed in STEP 1 there.       B. All Adult Household Members on listed in STEP 1 (including yourself)       Image: State on the outer on whole delates (no certaly only. 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 delates (no certaly only. If they do not receive income from any counter. Write 'U' ever any fields blank, you are certifying (promising) that there is no income to report. How other?         Non-Store of Income for ortion of income in the loweshold Members (Sick Interest in Come in whole delates (no certaly only. If they do not receive income. For each Household Member issed, if they do receive income, report total gross income (before taxes) there is no income to report. How other?         Non-Store of Income for ortion of income is for one in whole delates (no certaly income income for any delat	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	MI Child's Last I	Name	School Name       Grade         I       I <th>Student? Migrant, Yes No Foster Runaway Adde tree Hire Student? Foster Runaway Comparison Student? Foster Runaway Comparison Student? Foster Runaway Comparison Student? S</th>	Student? Migrant, Yes No Foster Runaway Adde tree Hire Student? Foster Runaway Comparison Student? Foster Runaway Comparison Student? Foster Runaway Comparison Student? S						
If WD > Goto STEP 3.       If YES > Write a case number here then go to STEP 4 [Do not complete STEP 3]         STEP 3       Report Income for ALL Household Members (Skip thisstep if you answered 'Yes' to STEP 2)         Are you unsure what income to include here?       Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household Members (including yourself)       Image: How Often?         Flip the page and review the charts tilted in STEP 1 (including yourself)       Image: How Often?       How Often?         Discusse of Income for ALLI Household Members (First and Last)       Emerging from Work Wey Wey Wey 2 Moth Metry Wey Wey 2 Moth Metry       Policy Austance/ Members       Policy Austance/ Members       How Often?         The 'Sources of Income for Adult Household Members (First and Last)       Emerging from Work Wey Wey 2 Moth Metry       Policy Austance/ Members       Wey 2 Moth Metry       Policy Austance/ Members	STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one YES / NO											
A. Child Income       Sometimes children in the household gam or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.                Are you unsure what moone to include her?               Flip herape and review "Sources of income" for. <ul> <li>Addult Household Members (including yourself)</li> <li>Aut Adult 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). How other?</li> <li>How other?</li></ul>	If NO > Go to ST	EP 3. If YES > Write a case nu	mber here then go to S <sup>-</sup>	TEP 4 (Do not complete STEP 3)	Case Number:	Write only one case number in this space.						
Are you unsure what income to include here?       B. All Adult Household Members (including yourself)       Image: Child income income to include here?       Image: Child income inco	STEP 3 Report Inco	me for ALL Household Members (Skip thi	s step if you answered	d 'Yes' to STEP 2)								

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

## INSTRUCTIONS Sources of Income

Sources of Ind	come for Children	Sources of Income for Adults						
Sources of Child Income	Sources of Child Income Example(s)		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	<ul> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing</li> </ul>	<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	n any other source - A child receives regular income from a private pension fund, annuity, or trust		- Strike benefits	<ul> <li>Rental income</li> <li>Regular cash payments 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 🔲 Not 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 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 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:

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").

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Total Income	Weekly	Bi-Weekly	2xMonthly	Monthly	Annual	Household Size			Free	Reduced	Denied	
\$							Categorical El	igibility				
Determining Official's Signature		Date	•		Confirming Off	ficial's Signature	Date	Verifying	Official	s Signature	e	Date