2017-2018 Prototype 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, o	children, and stude	ents (up to aı	nd inclu	ding	grade	12 (if r	more	space	s are re	quir	ed for	additi	ional r	names,	attach	anothe	r shee	t of p	aper)	
Definition of Household Member: "Anyone who living with you and share income and expenses, e if not related." Children in Foster care children who meet the definition of Homeless, Migrant or Runaway ar eligible for free meals. From the Apply for Free Reduced Price School Meals for more information.	Child's First Name and e e dead and	M		child's	Last Na	me										G	attach		tudent?	Check all that apply	Foster Child	
	If NO > Go to STEP 3.	YES > Write a ca	se nu	mber he	ere then o	ao to	STEP 4	4 (Do no	ot con	nolete S	STEP 3)		Cas	e Num	ber:							
	1110 × 3010 01E1 3. 11	VVIIIe a da	50 Hu	mber ne	or then s	g0 10	OTET -	+ <u>(</u> DO <u>110</u>	<u> </u>	ipioto c	<u> </u>							Write or	ıly one c	ase nui	mber in	this space
STEP 3 Repo	ort Income for ALL Household Members (Skip	this step if you ans	were	d 'Yes'	to STEP	2)																
	A. Child Income Sometimes children in the household earn Household Members listed in STEP 1 here			nclude th	ne TOTAl	L inco	me rece	eived by	all		\$	Child	income		Weekly	How Bi-Weekly	often? 2x Month	Monthly				
Are you unsure what income to include here?	Tor odori dodred in Whole deliare (no deliae)	EP 1 (including yours	elf) ev			sourc		'0'. If yo	ou ente	er '0' or		y field		k, you		tifying (p	romisin	ng) that th		o incor		eport.
Flip the page and review the charts titled "Source of Income" for more		t) Earnings from Wo	rk	Weekly	Bi-Weekly 2x Month Monthly		Monthly	Public Assist Child Suppor				kly Bi-Weekly 2x Month Monthly			Pensions/Retirement/ All Other Income		Weekly Bi-Weekly 2x Month Mo					
information.		\$		0	0	0	0	\$)	0	0	\bigcirc	\$			0	C) () (
The "Sources of Income for Children" chart will		\$		0	0 (0	0	\$			C)	0	0	0	\$			0	C) () (
help you with the Child Income section.		\$		0	0 (0	0	\$			C)	0	0	0	\$			0	C) (
The "Sources of Income for Adults" chart will help you with the All Adult		\$		0	0 (0	0	\$)	0	0	0	\$			0	С) (
Household Members section.		\$		0	0 (0	0	\$)	0	0	0	\$				С) (
STED 4	Total Household Members (Children and Adults)	Last Four Digits Primary Wage Ea	arner o	or Other A	Adult Hou	seĥolo	d Membe		х		хх					Check	if no S	sn 🗌				
"I certify (promise) that all in	act information and adult signature. Mail formation on this application is true and that all income is rein may lose meal benefits, and I may be prosecuted under a	oorted. I understand that	this inf	formation											ay verify	(check) th	ne inform	nation. I am	aware th	at if I p	urposely	give
Street Address (if availa	ble) Apt #	City					State		Zij)			Dayti	me Ph	one an	d Email	(optiona	al)				
,	The state of the s	,															• •	•				
Printed name of adult sign	gning the form	Signature o	f adult	t									Toda	y's dat	е							

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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits 								
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	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 								

Date

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Children's Racial and Ethnic Identities

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Responding to	this section is optional and does not affect your children's eligibility for fi	ormation is important and helps to make sure we are fully serving our community. ree or reduced price meals.
Ethnicity (check Race (check on	American Indian or Alcolon Notive Acian	Black or African American
not have to give the meals. You must in signs the application behalf of a foster of Assistance for Nee (FDPIR) case numl member signing the determine if your of the lunch and breal nutrition programs to program reviews, a lin accordance with and policies, the US administering USD, disability, age, or refunded by USDA.	Issell National School Lunch Act requires the information on this application. You do be information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who in The last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations over or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, eprisal or retaliation for prior civil rights activity in any program or activity conducted or	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.
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Determining Official's Signature		Date			Confirming Official'	s Signature	Date	Ver	ifying (Official's Signature
	0	0	0	0		Categorica	l Eligibility	0	0	0
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied
·		How	often?			•	_		Eligibility	<u> </u>
Annual income Conversion: weekly x :	۵∠, ⊏۱	/ery z	vveeks	3 X 20	, i wice a ivionth λ	Z4 IVIONTHIY X 1Z				