2021-2022 Household Application for Free and Reduced-Price School Meals

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

STEP 4

Contact information and adult signature_

STEP 1 List ALI	Household Members who are infants, ch	ildren, and studen	ts up to and including grade 12 (if more spaces are required for	additional names, attach another sheet of paper)
Definition of Household Member : "Anyone who is living with you and shares	Child's First Name	МІ	Child's Last Name	Grade Student? Foster Migrant, Yes No Child Runawar
income and expenses, even if not related." Children in Foster care and				nat apply
children who meet the definition of Homeless , Migrant or Runaway are eligible for free meals. Read				Check all that:
How to Apply for Free and Reduced Price School Meals for more information.				
STEP 2 Do any	Household Members (including you) curr	ently participate in	one or more of the following assistance programs: SNAP, TAN	F, or FDPIR?
	If NO > Go to STEP 3. If Y	'ES > Write a case	number here then go to STEP 4 (Do not complete STEP 3)	e Number: Write only one case number in this space
STEP 3 Report I	ncome for ALL Household Members (Skip th	nis step if you answe	ered 'Yes' to STEP 2)	
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members (incomplete in the complete i	luding yourself)	\$	Weekly Bi-Weekly 2x Month Monthly
Flip the page and review the charts titled "Sources of Income" for more) even if they do not receive income. For each Household Member listed, if ve income from any source, write '0'. If you enter '0' or leave any fields blar How often? Weekly Bi-Weekly 2x Month Monthly Monthly Weekly Bi-Weekly Public Assistance/ Child Support/Alimony Weekly Bi-Weekly Bi-Weekly Public Assistance/ Child Support/Alimony Weekly Bi-Weekly Public Assistance/ Child Support/Alimony Child Support/Alimo	k, you are certifying (promising) that there is no income to report. ten? Pensions/Retirement/ How often?
information. The "Sources of Income	Name of Adult Household Members (First and Last)	\$	Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly Bi-Weekly	All Other Income Weekly Bi-Weekly 2k Month Month!
for Children" chart will help you with the Child Income section.				00 1 0000
The "Sources of Income for Adults" chart will help		\$	0000 \$ 00	000
you with the All Adult Household Members section.		\$		000
		\$	\$ 0000	00 000
	Total Household Members (Children and Adults)		Social Security Number (SSN) of er or Other Adult Household Member	\$ Check if no SSN

"I 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 false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Sources of Inc	come for Children	S	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	- Unemployment benefits - Worker's compensation	Social Security (including railroad			
- Social Security - Disability Payments - Survivor's Benefits - 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		Net income from self- employment (farm or business) If you are in the U.S. Military:	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,	Alimony paymentsChild support paymentsVeteran's benefits	trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household			
-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				

വ	- I	ш	n	NI	Λ	н
Ol		ш	U	N	H	L

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. T	his 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 eligibilit	y 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 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 x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 How often?								y:
	Weekly	Bi-Weekly	2x Month	Monthly				
Total Income					Household Size	Free	Reduced	Denied
	0	\bigcirc	\bigcirc		Categorical Eligibility	0	0	0

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date