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

STEP 1

Definition of Household	Child's First Name		MI	Child's Last Name						Grade	Student? Yes No	Homeless, Foster Migrant, Child Runaway
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												
												apply
												Check all mat apply
How to Apply for Free and Reduced Price School Meals for more information.												
STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?												
	If NO > Go to STEP 3. If YE	:S > Write a	case	number here then go to	STEP 4 <u>(</u> Do	not complete ST	<u>EP 3</u>)	Case N	umber:	\ \	Vrite only one case	number in this space.
STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)												
	A. Child Income									How often?		
	Sometimes children in the household earn or re Household Members listed in STEP 1 here.	eceive income.	Pleas	se include the TOTAL inco	me received	by all	\$ Ch	ild income	Weekly	Bi-Weekly 2x Month I	Monthly	
	B. All Adult Household Members (inclu	uding yourse	elf)				Ψ			0 0		
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											
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last) Earnings fro			How often?					Pensions/Retirement All Other Income			How often?
of Income" for more information.		\$		0 0 0	S		0	0 0	0	\$	0	0 0 0
The "Sources of Income for Children" chart will		\$		0 0 0	S		0	0 0	0	\$	0	0 0 0
help you with the Child Income section.		\$	İ	0 0 0	<u> </u>		0	0 0	0	\$	0	0 0 0
The "Sources of Income for Adults" chart will help you with the All Adult		\$	Ť	0 0 0	<u> </u>			0 0	0	\$	0	0 0 0
Household Members section.		\$	Ť	0 0 0	<u> </u>		0	0 0	0	\$	0	0 0 0
	Total Household Members	-		Social Security Number (SS	•	x x x	хх			Check if no SSN		
(Children and Adults) Primary Wage Earner or Other Adult Household Member X X X X X CARACTE CHECK HID SSN												
STEP 4 Contact in	formation and adult signature.											
	on on this application is true and that all income is reported lose meal benefits, and I may be prosecuted under applications.				ction with the r	eceipt of Federal fun	ds, and that	school officials	may verify	(check) the information	on. I am aware that if	I purposely give
Street Address (if available)	Apt #	City			State	Zip		Daytime	Phone and	d Email (optional)		
							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)

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 				

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							
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	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.							
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	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:							
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	mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410							
and policies, the OSDA, 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.	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?							Eligibility:				
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied		
	0	0	0	0		Categorical Eligibility	0	0	0		
	-	1 -4-		_		Data					

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