2019-2020 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil). STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper) Migrant, Runaway **Child's First Name** Child's Last Name **School Name** Definition of Household Member: "Anyone who is living with you and shares income and expenses. even if not related. Children in Foster care all that and children who meet the definition of Homeless. Migrant or Runaway are eligible for free meals. 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 you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space. Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income How often? Child GROSS income Weekly Bi-Weekly 2x Month Monthly Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Are you unsure what Household Members listed in STEP 1 here. income to include here? B. All Adult Household Members (including yourself) Flip to the back of this List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes application and review the charts titled and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. "Sources How often? How often? How often? of Income" for more Name of Adult Household Members (First and Last) GROSS Public Assistance/ Pensions/Retirement/ information. Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony | Weekly | Bi-Weekly | 2x Month | Monthly Weekly Bi-Weekly 2x Month Monthly Earnings from Work All Other Income The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section. C. Total Household Members Last Four Digits of Social Security Number (SSN) of Х Х Check if no SSN Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS "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 OFFICE USE ONLY connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give □Error Prone false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Eligibility: Free Reduced Denied Determining Official's Signature: __ Date: □Case # Application □Foster Application □Directly Certified: Date of Disregard: Signature of adult completing the form Today's date □Income Application

Household Size: Total Income: Per: □Week □Bi-Weekly (Every 2 Weeks) □2x Month □Monthly □Annual Printed name of adult completing the form Daytime Phone and Email (optional) ☐ Selected For Verification: Confirming Official's Signature: Date: Follow-Up Official's Signature: Date: Street Address (if available) Apt# City State

Sources of Income for Children				
Type of Income	Examples			
Earnings from work	A child has a job where they earn a salary or wages.			
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.			
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.			
Income from any other source	A child receives 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	- Unemployment benefits	Social Security (including railroad retirement and black lung benefits)				
- Net income from self- employment (farm or business)	- Workers Compensation	- Private Pensions or disability				
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	- Supplemental Security Income (SSI)	- Regular income from trusts or estates				
	- Cash Assistance from State or local	- Annuities				
	government	- Investment Income				
	- Alimony payments	- Earned Interest - Rental Income				
	Child support payments Veteran's benefits	- Regular cash payments from outside				
	- Strike benefits	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):	

\square American Indian or Alaskan Native	\square Asian	\square Black or African American	\square Native Hawaiian or Other Pacific Islander	\square 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: (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) email: program.intake@usda.gov.

This institution is an equal opportunity provider.