



**Free & Reduced Price School Meals Family Application** – complete one application per household

Attachment C: 2017-18

Street Address (if available):	Zip:	Daytime Phone:	
<b>Part 5: Children’s Ethnic and Racial Identities – Optional</b>			
<b>Check one Ethnic Identity:</b> – and – <b>Check one or more Racial Identities:</b>			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander			
<b>Do Not Fill Out the Section Below - For School Use Only</b>			
Annual Income Conversion:    Weekly X 52;    Every 2 weeks X 26;    Twice a month X 24;    Monthly X 12			
Total Household Size: _____	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
Total Income: _____ per	<input type="checkbox"/> Income	Reason for denial:	
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks	<input type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high	
<input type="checkbox"/> Week	<input type="checkbox"/> SNAP/TANF/FDPIR	<input type="checkbox"/> Incomplete application	
	<input type="checkbox"/> Foster Child		
Signature of Determining Official: _____		Date Approved: _____	
<b>FOR THE VERIFICATION PROCESS ONLY:</b>		Date Withdrawn From School: _____	
Signature of Confirming Official: _____			Date Confirmed: _____
Signature of Verifying Official: _____			Date Verified: _____

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

**COME CHART**  
year 2017-18

		Monthly	Twice per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

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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 are 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.

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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](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](mailto:program.intake@usda.gov)

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