Apply online:

Today's date

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

Printed name of adult signing the form

STEP 1 List Al	LL Household Members who are infa	ants, chi	ildren, and studen	its up to	and inclu	ding gra	de 12 (i	if mor	e spaces	are r	equire	d for a	additio	nal na	mes, atta	ach ano	ther s	heet o	of pap	er.)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, ever if not related."  Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Reallow to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI (	Child's Last Name	one or m	ore of the f	D	OB assist	ance	Schoo	I Nar	ne	NF, or	FDPIR		Grade		ther s lent? No		Foster	Homeless
	If NO > Go to STEP 3.	If YE	S > Write a case n	umber he	ere then go t	o STEP 4	(Do <u>no</u>	t comp	olete STEP	<u>9 3</u> )	Ca	se Nur	nber:		,	Write only	one cas	se numl	per in thi	s space
STEP 3 Report	t Income for ALL Household Members (	(Skip this	s step if you answer	ed 'Yes'	to STEP 2)															
Are you unsure what income to include here? Flip the page and review the charts titled "Sources	A. Child Income Sometimes children in the household Household Members listed in STEP 1  B. All Adult Household Member List all Household Members not listed for each source in whole dollars (no ce	here.  rs (incluing STEP ents) only	iding yourself) 1 (including yourself)	even if the	ey do not rec	eive incom	ne. For e 0'. If you	each Ho u enter olic Assis	'0' or leave	\$ lember		f they d nk, you ften?	are cer	Bi-Week	ne, report t	that ther		income		ort.
of Income" for more information.			\$	0	0 0	0	\$			0	0	0	0	\$			0	0	0	0
The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help			\$ \$ \$	0	0 0	0	\$ \$ \$			0	0	0	0	\$ \$ \$			0	0	0	0
you with the All Adult Household Members section.			\$	0	0 0	0	\$			0	0	0	0	\$			0	0	0	0
	Total Household Members (Children and Adults)  ct information and adult signature.			or Other	Adult Househ	old Membe		X X	X X		school o	fficials ~	nav vorifi.		k if no SSN		ware the	t if I pur	nosely o	N/A
	mation on this application is true and that all income may lose meal benefits, and I may be prosecuted until the p				is given in con	State	tne recei	pt of Fe	gerai funds, a	and that					the informati		ware tha	t if I pur	posely gi	ve

Signature of adult

Sources of Inc	come 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					
<ul><li>Social Security</li><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>					
-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					

S	ources of Income for Ad	dults
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 dothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

## **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

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	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	Categorical	Eligibility	0 0 0					
Determining Official's Signature Date		Confirming Official's Signature	Date	Verifying Official's Signature	Date				