2017–18 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
KITTITAS SCHOOL DISTRICT

Complete, sign, and return this application to: Kittitas School District, Attn: Food Services, PO Box 599, Kittitas, WA 98934

Check here if you received meal benefits last year: ☐

1. List **all students** living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to step 3.

☐ Basic Food ☐ TANF ☐ FDPIR Case Number: ______________________________

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case number is listed in step 2, skip step 3.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
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	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. Total Household Members (include all people living in your household): ☐ (total listed must equal number of household members listed above)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member ☐ Check if no SSN: ☐

5. Contact Information & Signature – 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.

______________________ **Printed Name of Adult Household Member**	______________________ **Mailing Address**		______________________ **E-mail Address**
______________________ **Adult Household Member Signature**	______________________ **City, State & Zip Code**	______________________ **Daytime Phone**	______________________ **Date**

6. Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black, or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

7. Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees:

☐ _____ ☐ _____ ☐ _____

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

_____ _____

Parent/Guardian Signature Date

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 (Basic Food), 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 the 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.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: ☐ Basic Food/TANF/FDPIR/Foster ☐ Income Household

Total Household Size _____

Total Household Income $_____

Weekly	Bi-Weekly	2x per Month	Monthly	Annual
☐	☐	☐	☐	☐

APPLICATION APPROVED FOR: ☐ Free Meals ☐ Reduced-Price Meals

APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information ☐ Other: _____

_____ _____ _____

Date Notice Sent Signature of Approving Official Date