2016-2017 Nye County School District Household Application for Free and Reduced Price School Meals

Complete one application per household.

STEP 1 List ALL	Household Members who are infants, ch	ildren, and studen	ts up to and including grade	e 12 (if more spaces a	re required for additional na	mes, attach anothe	r sheet of paper)
Definition of Household	Child's First Name	МІ	Child's Last Name			Grade Stu Yes	dent? Homeless No 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							
How to Apply for Free and Reduced Price School							
Meals for more information.							
STEP 2 Do any H	ousehold Members (including you) curre	ently participate in	one or more of the followin	ng assistance program	s: SNAP, TANF, or FDPIR?		
	If NO > Go to STEP 3. If YI	ES > Write a case	number here then go to STEP	4 (Do not complete STE	P 3) Case Number:		
			-			Write only	y one case number in this space.
STEP 3 Report In	come for ALL Household Members (Sk	ip this step if you	answered 'Yes' to STEP 2))			
	A. Child Income				Child income Weekly B	How often? i-Weekly 2x Month Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Pleas	e include the TOTAL income rec	eived by all	\$ 0	0 0 0	
Are you unsure what income to include here?	B. All Adult Household Members (incl List all Household Members not listed in STEF for each source in whole dollars (no cents) on	P 1 (including yourself	ve income from any source, write		e any fields blank, you are certifyi		re is no income to report.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often?
of Income" for more information.		\$	0 0 0 0	\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	\$	0 0 0 0
The "Sources of Income for Children" chart will		\$	0 0 0 0	\$	0 0 0 0	\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
help you with the Child Income section.		\$	$\bigcirc \bigcirc $	\$	0 0 0 0	\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
The "Sources of Income for Adults" chart will help		\$	0 0 0 0	\$	0 0 0 0	\$	0000
you with the All Adult Household Members section.		\$		\$	0 0 0 0	\$	$\bigcirc \bigcirc $
	Total Hausshald Members	Last Four Digits of (Social Security Number (SSN) of				
	Total Household Members (Children and Adults)		er or Other Adult Household Memi	ber X X X X	С	heck if no SSN	
STEP 4 Contact in	nformation and adult signature						
	on on this application is true and that all income is report lose meal benefits, and I may be prosecuted under appli			th the receipt of Federal funds,	and that school officials may verify (che	eck) the information. I am a	aware that if I purposely give
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and E	mail (optional)	

Printed name of adult signing the form

Signature of adult

Today's date

Sources of Ind	come for Children	Sources of Income for Adults					
Sources of Child Income Example(s)		Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	- Social Security (including railroad			
 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 	- Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Annony payments Child support payments Veteran's benefits Strike benefits 	trusts or estates - Annuities - Investment income - Earned interest			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		- Rental income - Regular cash payments from outside household			

OPTIONAL Children's Racial and Ethnic Identities

Do not fill out _____

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 🔲 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 program 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.

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For School Use Of	шу											
Annual Income Conversion: Weekly	κ 52, Ε\		Weeks	s x 26,	Twice a Month x 2	24 Monthly x 12			Eligibi	ity:		
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household size			Free	Reduce	d Denied		
	0	\bigcirc	\bigcirc	0		Categorical El	igibility	0	0	\bigcirc		
Determining Official's Signature Date		(Confirming Official's	s Signature	Date	Ve	erifyin	g Offici	al's Signature	Date		