2018-2019 Prototype Household Application for Free and Reduced Price School Meals

Apply online: www.whitepine.k12.nv.us

Complete one applicat	ion per household. Please use a pen (not a pencii).			www.mop.nomvi2vide
Definition of Household	Child's First Name	MI	Child's Last Name		Grade Student? Homeless, Foster Migrant, Yes No Child Runaway
Member: "Anyone who is ving with you and shares noome and expenses, even					
not related." Children in Foster care and					Check all that apply
children who meet the lefinition of Homeless ,					A B B B B B B B B B B B B B B B B B B B
Iligrant or Runaway are ligible for free meals. Read How to Apply for Free and					G G G G G G G G G G G G G G G G G G G
leduced Price School leals for more information.					
STEP 2 Do any H	lousehold Members (including you) curre	ently participate in c	one or more of the following assist	ance programs: SNAP, TANF, or FDPIR	?
	If NO > Go to STEP 3. If YI	ES > Write a case r	number here then go to STEP 4 (Do <u>no</u>	t complete STEP 3)	
					Write only one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip th	is step if you answer	red 'Yes' to STEP 2)		
	A. Child Income			Child income Weekly	How often? Bi-Weekly 2x Month Monthly
	Sometimes children in the household earn or in Household Members listed in STEP 1 here.	receive income. Please	e include the TOTAL income received by	\$ O	0 0 0
re you unsure what	B. All Adult Household Members (incl	• • • • • • • • • • • • • • • • • • • •	even if they do not receive income. For e	ach Household Member listed, if they do receive	e income report total gross income (hefore taxes)
income to include here? for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields bla				u enter '0' or leave any fields blank, you are cert	ifying (promising) that there is no income to report.
Tip the page and review ne charts titled "Sources f Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Put	olic Assistance/ Id Support/Alimony Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly
nformation.		\$	0 0 0 0 \$	0000	\$ 0000
The "Sources of Income for Children" chart will nelp you with the Child		\$	0 0 0 0 \$	0000	\$ 0000
ncome section. The "Sources of Income		\$	0 0 0 0 \$	0000	\$ 0000
for Adults" chart will help you with the All Adult		\$	0 0 0 0 \$	0000	\$ 0000
Household Members section.		\$	S S S S S S S S S S S S S S S S S S S		\$ 0 0 0
	Total Household Members (Children and Adults)	•	ocial Security Number (SSN) of r or Other Adult Household Member	x x x x x	Check if no SSN
CTED 4					
	nformation and adult signature. Mail Co tion on this application is true and that all income is report				(check) the information. I am aware that if I purposely give
	lose meal benefits, and I may be prosecuted under appli				
treet Address (if available)	Apt#	City	State	Zip Daytime Phone and	t Fmail (optional)
	Apt #	Only	State	Dayume i none and	z Errian (optional)
Printed name of adult signing the form		Signature of ad	ult		

Sources of Income 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			
Social SecurityDisability PaymentsSurvivor'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 			
-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			

Sources of Income for Adults					
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) If you are in the U.S. Military:	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities			
 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	Child support paymentsVeteran's benefitsStrike benefits	 Investment income Earned interest Rental income Regular cash payments from outside household 			

OPTIONAL Children's Racial and Ethnic Identitie

OFTIONAL	Children's Racial and Ethnic Identities	
	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Nativo	mation is important and helps to make sure we are fully serving our community. e or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the meals. You must in signs the application behalf of a foster of Assistance for Nee (FDPIR) case numl member signing the determine if your of the lunch and breal nutrition programs is program reviews, a In accordance with and policies, the Us administering USD.	ussell National School Lunch Act requires the information on this application. You do e information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who n. The last four digits of the social security number is not required when you apply on child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary ady Families (TANF) Program or Food Distribution Program on Indian Reservations aber or other FDPIR identifier for your child or when you indicate that the adult household be application does not have a social security number. We will use your information to child is eligible for free or reduced price meals, and for administration and enforcement of likfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. I Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or DA programs are prohibited from discriminating based on race, color, national origin, sex, eprisal or retaliation for prior civil rights activity in any program or activity conducted or	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 οι	ut For School Use Only	
Annual Income	e Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Month	hly x 12

Eligibility: How often? **Total Income** Household Size Free Reduced Denied Weekly Bi-Weekly 2x Month Monthly **Categorical Eligibility** Date **Determining Official's Signature** Date Confirming Official's Signature Date Verifying Official's Signature