## 2016-2017 Household Application for Free and Reduced Price School Meals

## Apply online at www.whitepine.k12.nv.us

on of Household			MI	Child's Last	Name									Yes	No		Child
: "Anyone who is h you and shares																Γ	
d expenses, even ed."																apply	
Foster care and no meet the																all that apply	
of <b>Homeless</b> , r <b>Runaway</b> are																Check a	
free meals. Read																Ū	
Price School more information.																	
2 Do any H	Household Members (including you) c	urrently particip	ate in o	ne or more o	f the following	assistanc	e progr	ams: SN	AP, TAI	NF, or F	DPIR?						
	If NO > Go to STEP 3.	If YES > Write a	a case n	umber here the	en go to STEP 4	Do <u>not cor</u>	nplete S	<u>TEP 3</u> )	Ca	se Num	ber:		Wri	ite only o	one cas		er in
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3 Report In	A. Child Income							C	hild incom	ie	Weekly Bi-	How ofte -Weekly 2x	n? Month Mon	nthly			
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Sources of Inc	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	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>	- Social Security (including railroad		
<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>	<ul> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> </ul>	<ul> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> </ul>	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest		
-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,	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>			
-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	- Strike benefits	<ul> <li>Rental income</li> <li>Regular cash payments</li> <li>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	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 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 sto 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 TILL OUT For School Use On				
Annual Income Conversion: Weekly x	2, Every 2 Weeks x 26, Twi How often?	ice a Month x 24 Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Monthly	usehold Size	Free Reduced Denied	
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Determining Official's Signature	Date Confi	irming Official's Signature Date	Verifying Official's Signature	Date