## 2022-2023 Prototype Household Application for Free and Reduced Price School Meals

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

STEP 1 List	ALL Household Members who are infants,	children, and st	udents up to and inclu	ding grade 12 (if more sp	aces are required for addition	al names, at	tach another sh	eet of paper)
Definition of Household	Child's First Name		MI Child's Last Name				Student? Yes No	Homeless Foster Migrant, Child Runawa
Member: "Anyone who is living with you and shares income and expenses, even								
if not related."								
Children in Foster care at children who meet the definition of Homeless,								
Migrant or Runaway are eligible for free meals. Re How to Apply for Free and							Chec Chec	
Reduced Price School Meals for more informatio								
STEP 2 Do any	/ Household Members (including you) curre	ently participate i	in one or more of the fol	llowing assistance progra	ms: SNAP, TANF, or FDPIR?			
	NO > Go to STEP 3 If Y		as number here then go to	STED 4 (Do not complete S)	Case Number:			
		<b>'ES &gt;</b> Write a cas	se number here then go to	STEP 4 (Do not complete S	<u>TEP 3</u> )	٧	Write only one case n	umber in this space
STEP 3 Repor	t Income for ALL Household Members (Skip t	hisstep if you ans	wered 'Yes' to STEP 2)					
	A. Child Income				Child income Weekly	How often? Bi-Weekly 2x Month 1	Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Ple	ease include the TOTAL inco	ome received by all	\$	0 0	0	
Are you unsure what	B. All Adult Household Members (ind			ive income. For each Househo	Id Member listed if they do receive i	ncome report t	otal gross income (l	pefore 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 blank, you are certifying (promis							that there is no inco	
Flip the page and review the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Wo		Monthly Public Assistance/ Child Support/Alimon		Pensions/Reti All Other Incor	rement/	/eekly 2x Month Monthly
information. The "Sources of Income		\$		○ \$	0000	\$		0 0 0
for Children" chart will help you with the Child		\$		○ \$	0000	\$	0 0	0 0 0
Income section. The "Sources of Income		\$	000	<b>\$</b>	0 0 0 0	\$		0 0 0
for Adults" chart will help you with the All Adult Household Members		\$	000	<b>\$</b>	0 0 0 0	\$	0 (	) 0 0
section.		\$	000	\$	$\circ$ $\circ$ $\circ$ $\circ$	\$	0 0	) 0 0
	Total Household Members (Children and Adults)		of Social Security Number (SS arner or Other Adult Househol			Check if no SSN		
STEP 4 Conta	ct information and adult signature. MAIL C	OMPLETED FORM 1	TO YOUR SCHOOL AT:					
"I certify (promise) that all info	mation on this application is true and that all income is report may lose meal benefits, and I may be prosecuted under app	rted. I understand that	this information is given in conne	ection with the receipt of Federal fur	nds, and that school officials may verify (ch	eck) the information	on. I am aware that if I	purposely give
Street Address (if availabl	e) Apt #	City		State Zip	Daytime Phone and E	Email (optional)		

Signature of adult

Today's date

Sources of Inc	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>	Supplemental Security Income (SSI)     Cash assistance from State or local government	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, FSSA or privatized housing	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household	
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and clothing			

## **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 mo	re): 🗌 American Indian	or Alaskan Native 🛛 Asian	Black or African American	Native Hawaiian or Other Pacific Islander	ite

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

\*Only use this address if you are filing a complaint of discrimination

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

## SCHOOL: 2003

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12				Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Month	Household Size		Free Reduced Denied	
	$\circ \circ \circ \circ$	Categorical El	igibility 📃	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date