2021-2022 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

LIST ALL	nouseriola Members who are miants, children, and	a students up to and including grade 12 (ii more sp	aces are required for additional names,	attach another sheet of paper)
Definition of Household Member : "Anyone who is	Child's First Name	MI Child's Last Name	G	Stade Student? Foster Migrant, Yes No Child Runaway
living with you and shares income and expenses, even if not related."				apply apply
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				O B C C C C C C C C C C C C C C C C C C
Reduced Price School Meals for more information.				
STEP 2 Do any	lousehold Members (including you) currently parti	cipate in one or more of the following assistance pr	ograms: SNAP TANE or EDPIR?	
	(, y, y, y, y, y			
	If NO > Go to STEP 3. If YES > Wr	te a case number here then go to STEP 4 (Do <u>not comple</u>	ete STEP 3) Case Number:	
				Write only one case number in this space
STEP 3 Report I	come for ALL Household Members (Skip this step if y	ou answered 'Yes' to STEP 2)		
	A. Child Income Sometimes children in the household earn or receive income Household Members listed in STEP 1 here.	·	Child income	ly 2x Month Monthly
Are you unsure what income to include here?	B. All Adult Household Members (including yo	urself)	0 0	
Flip the page and review the charts titled "Sources		ng yourself) even if they do not receive income. For each Hou to not receive income from any source, write '0'. If you enter '0' How often?		
of Income" for more information.	Name of Adult Household Members (First and Last) Earning	Flow order? Public Assistar Child Support/.	1Ce/	Pensions/Retirement/ All Other Income
The "Sources of Income for Children" chart will	\$	0000	O O O O \$	Weekly Bi-Weekly 2 Month Monthly
help you with the Child Income section.		0 0 0 0	0 0 0 0	0 0 0 0
The "Sources of Income for Adults" chart will help	\$	0000	0000	0000
you with the All Adult Household Members section.	\$	0000	0000	0000
	\$	\$ s	\$ s	0 0 0 0
		r Digits of Social Security Number (SSN) of Wage Earner or Other Adult Household Member		t if no SSN
	()			
STEP 4 Contact	nformation and adult signature. Return Complet	ed Form To: YOUR CHILD SCHOOL/DISTRICT		
	ion on this application is true and that all income is reported. I unders lose meal benefits, and I may be prosecuted under applicable State a	and that this information is given in connection with the receipt of Federand Federal laws."	ral funds, and that school officials may verify (check) th	ne information. I am aware that if I purposely give

Street Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

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					

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

OF HONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This inf Responding to this section is optional and does not affect your children's eligibility for for	
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	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
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	USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

fax:

email:

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.

Washington, D.C. 20250-9410

(202) 690-7442; or program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52. Every 2 Weeks x 26. Twice a Month x 24 Monthly x 12

Tunida moonio Controlom troomy x 62, 2 toly 2 troom x 20, 1 moo a monary x 12							Elitable disease		
	How often?							Eligibility	y:
	Weekly	Bi-Weekly	2x Month	Monthly					
Total Income					Household Size		Free	Reduced	Denied
	0	0	0			Categorical Eligibility	0	0	0

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date