## 2023-2024 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

Attachment E

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false procedure in the procedure in Eligibility: □Free □Reduced □Denied Reason; DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.
ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Printed name of adult completing the form Error Prone Application: ☐ Yes ☐ No (Optional – See FAQs) Street Address (if available) Confirming Official's Signature (For verification purposes only) □Food Stamps/Temporary Assistance Household size: STEP 4 The "Sources of Income for Children" chart will help you with the Child The "Sources of Income for Adults" chart will help STEP 2 Migrant or Runaway are eligible for free meals, Read Children in Foster care and children who meet the you with Income section the charts titled "Sources of Income" for more Are you unsure what income to include here? How to Apply for Free and Reduced Price School definition of Homeless, even if not related." income and expenses, living with you and shares Definition of Household Member: "Anyone who is Household information. Flip the page and review STEP 3 Meals for more information If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number. the All Adult Contact information and adult signature Members Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2) Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No Total Household Members (Children and Adults) Name of Adult Household Members (First and Last) Ÿ STEP 1 here. Sometimes children in the household eam income. Please include the TOTAL gross income earned by all children listed 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 (promising) that there is no income to report. List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for A. Child Income Child's First Name All Adult Household Members (including yourself) Apt# Determining Official's Signature: Mail Completed Form To: Clever Schools: attn: Jana Rice: 103 S. Public Ave.: Clever. MO 65631 Signature of adult completing the form primary wage earner or other adult household member. City Last four digits of Social Security Number (SSN) of Earnings from Work Total income: Weekly Bi-Weekly 2x Month Monthly ≦ Child's Last Name State € ₩ 69 Child Support/Alimony Public Assistance/ 당 ₹. Per: □Week Weekly 69 Bi-Weekly 2x Month Monthly Child income How often? Daytime Phone and Email (optional) × Date Approved/Denied: Date withdrawn: × □Every 2 Weeks × Weekly Bi-Weekly 2x Month | Monthly Building Name All Other Income Pensions/Retirement/ □Twice a Month Date: Write only one case number in this space Weekly Bi-Weekly 2x Month Monthly □Month Check if no SSN Grade How often? □Year Foster Child 

## INSTRUCTIONS Sources of Income

Sources of Inco	Sources of Income for Children
Sources of Child Income	Example(s)
- Eamings from work	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
- 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
- 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

	S	Sources of Income for Adults	lts
	Earnings from Work	Public Assistance/	Pensions / Retirement /
art-time job		Sumony Cillia Cappoit	All Ouler arconte
ages	- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad</li> </ul>
	<ul> <li>Net income from self-</li> </ul>	- Worker's compensation	retirement and black lung benefits)
u lecelves Social	employment (farm or business)	- Supplemental Security Income	- Private pensions or disability
-		(00.)	SCI CIE
or deceased, and	If you are in the U.S. Military:	- Cash assistance from State or	<ul> <li>Regular income from trusts or estates</li> </ul>
inty penetits		local government	- Annuities
member	- Basic pay and cash bonuses (do NOT	- Alimony payments	- Investment income
na monev	include combat pay, FSSA or privatized	- Child support payments	- Eamed interest
	housing allowances)	- Veteran's benefits	- Rental income
me from	<ul> <li>Allowances for off-base housing,</li> </ul>	- Strike benefits	<ul> <li>Regular cash payments from outside</li> </ul>
ty, or trust	food and dothing		household
i			

## 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. If ethnicity/race is not selected, a visual identification will be

Constitution of Albahati Native L Colair	Race (check one or more):	Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
u black of Affican American	Disak as Africa A	
or Other Pacific Islander		
☐ White		

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'.

Applications for a foster child do not need to list a Social Security number Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

## The contact information below is solely to file a complaint of discrimination

Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including Language), should contact the responsible state or local agency that administers the program or USDA's TARGET means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign information may be made available in languages other than English. Persons with disabilities who require alternative In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:\_ https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-

and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature letter must contain the complainant's name, address, telephone number, and a written description of the alleged 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The

Washington, D.C. 20250-9410	Civil Rights	Office of the Assistant Secretary for	* MAIL: U.S. Department of Agriculture
	EMAIL: <u>Program.Intake@usda.gov</u>	690-744	FAX: (833) 256-1665 or (202)
complaints of discrimination.	this address, only	applications to	* Do not mail

This institution is an equal opportunity provider.

Return completed form to your child's school.