

**STEP 1** List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

**STEP 2** Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDIPIR?

**STEP 3**  
Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDIIR case number in STEP 2.

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.

**STEP 4** **Contact Information and Adult Signature.**

[illegible]

**Printed Name of Adult Completing Form**

**Signature of Adult Completing Form**

**SCHOOL USE ONLY**

Signature of Determining Official:		
Date:		
Directly Certified (DC) from DCA/Source Records:	<input type="checkbox"/> SNAP DC	<input type="checkbox"/> TANF DC
	<input type="checkbox"/> PPDP DC	<input type="checkbox"/> Homeless/Runaway DC
	<input type="checkbox"/> Wigrant DC	<input type="checkbox"/> Foster DC
		<b>ANNUAL INCOME CONVERSION</b>

**Date:** \_\_\_\_\_

**Categorical Eligibility:** ☐ Foster Child ☐ Case Number \_\_\_\_\_

**Signature of Confronting Official:** \_\_\_\_\_  
WEEKLY X 24  
BI-WEEKLY X 26

**Total Household Income:** \$ \_\_\_\_\_ per \_\_\_\_\_  
!TWICE A MONTH X .24  
Monthly X 12

**Household Size:**

Application Received:		Application Effective Date:		Application Approved For:	<input type="checkbox"/> Free Meals	<input type="checkbox"/> Reduced-Price Meals	<input type="checkbox"/> Application Denied
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Convert to annual income ONLY if different frequencies of income listed.

## OPTIONAL Children's Racial and Ethnic Identities

Collecting racial and ethnic information 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:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

### Race:

- ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander  
☐ Asian ☐ White  
☐ Black or African American

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

## Free/Reduced Price School Meal Application Income Guidelines

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
Each additional family member	\$9,288	\$691	\$346	\$319	\$160

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 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.