2020-21 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use a pen.

Application Received:	agradute of vernying Omdat:	Cignature of Variding Official.	Signature of Confirming Official:	Signature of Determining Official:	SCHOOL USE ONLY Sc	Printed Name of Adult Completing Form	Mailing Address	information, my children may lose meal	"1 certify (promise) that all information o	STEP 4 Contact Inform		C Total Household Members					First and Last Name of Adult Household Member	not receive income from any so	B. Adult Income (including yourself) list All Household Members not listed in	A. Child Income	STEP 3 Report Income	NO FDPIR; con	STEP 2 Do any housel	Anyone who is living with you who shares income and expenses, even if not related	Household Member:	Any intent, child or student up to 12th grade that lives in your household.	Children in Household:	DEFINITIONS:	STEP 1 LIST ALL CHIL
Application Effective Date:		Poto	Date:	Date:	School District Must Complete This Section.	ting Form	Apt#	benefits, and i may be prosecuted under applicable	m this application is true and that all income is rep	Contact Information and Adult Signature,		#		\$	\$	s	Earnings from Work	surce, write \mathcal{O} . If you enter \mathcal{O} or leave any fields	ssellola ealii liscolile, rilease include the 101At. /OUTSelf) of listed in STEP 1 (including voluse)fil even if they	sorrell apro tapona Blanco indicale the TOTAL	for ALL Household Members. Skip t	FDPIR; complete STEP 3.	old members (including you) current					Child's First Name	DREN in the household. If more spa
	·		,	Directly Ce	ion.	Signature	City	State and Fed	orted. I unders								Weekly Bi-Weakly	blank, you an	income earne		nis step if v	-	ly particip					₹	e is requir
Application Approved For: Free Meals		Total Household Income: \$	Categorical Eligibility: Foster Child	Directly Certified (DC) from DCA/Source Records: SNAPDC		Signature of Adult Completing Form	State	information, my children may lose meal benefits, and i may be prosecuted under applicable State and Federal laws."	stand that this information is given in connection with		D. Last Four Digits of Social Security Num (Primary Wage Earner or Other Adult Hou				000	0000	2X Month Monthly Yearly Support/ Alimony	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.	Adult Income (including yourself) and income reason include the IOIA: income earned by all child household Members listed in STEP 1 here. The standard income (including yourself) and income (including yourself) and income (including yourself) and income income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members and Members and income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members and Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control Members are listed in STEP 1 find value would be seen if they do not receive income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 1 find value would be seen income control members are listed in STEP 2 find value would be seen income control members are listed in STEP 2 find value would be seen income control members are listed in STEP 2 find value would be seen income control members are listed in STEP 2 find value would be seen income control members are listed in STEP 2 find value would b		Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDPIR case number is	YES IT YES, Write your SN and then go to STEF	Do any household members (including you) currently participate in one or more of the following Assistance Prog					Child's Last Name	List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of pap
Reduced-Price Meals Application Denied		per	id Case Number	TANFOC FOPIROC		Toc	Zip Day		n the receipt of Federal funds, and that school o		Last Four Digits of Social Security Number (SSN) (Primary Wage Earner or Other Adult Household Member)				0000		Weekly Bi-Weekly 2X Month Monthly	eport.	inere.		se number in STEP 2.	IT YES, Write your SNAP or TANF or FDPIR case number here and then go to STEP 4. Do not complete STEP 3.	istance Programs SNAP or TANF or FDPIR?					School	sheet of paper.
.				May DX		Today's Date	time Phone		officiais may ve		×		֖֧֚֚֚֚֚֚֚֚֚֚֚֚֚֚֚֚֚֓֞֝֞֝֞֝֝֝֝֟֝֝֝֟֝֝֝֝֝֝֝֝֝֝֝֟֝֝֟֝֝֟	<u>,</u>		Ç	Yearly Pens	me (perore ta	#	, ,			or FDPIR?.		 			Grade	
Convert to annus different frequencie	Month	Twice a N	Week Bi-Wee	Homeless/Runaway DC Migrant DC Foster DC ANNUAL INCON			Daytime Phone and Email (optional)		erify (check) the information. I am aware that if (X X X Che						Pension/Retirement/ All Other income Weekly BI-Weekly 2X Month	axes) for each source in whole dollars (no cents)		Weekly Bi-Weekly ZX Month		MT Case #:						Y N Runaway	
Convert to annual income ONLY it different frequencies of income listed.	Monthly X 12	Twice a Month X 24	Weekly X 26	ANNUAL INCOME CONVERSION					purposelv give false		Check if no SSN					00	onth Monthly Yearly	i) only. If they do		onth Monthly Yearly								Migrant Foster	

OPTIONAL	Children s Raci	Children's Racial and Ethnic Identities:
Collecting racial ar optional and does	nd ethnic informa	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:		Race:
Hispanic or Latino	tino	American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
Not Hispanic or Latino	r Latino	☐ Asian ☐ White
		Black or African American

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.

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To file a program complaint of discrimination, complete the <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (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:

(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.

This institution is an equal opportunity provider.

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

eligible for free or reduced price meals, and for administration and programs to help them evaluate, fund, or determine benefits for enforcement of the lunch and breakfast programs. We MAY share number. We will use your information to determine if your child is member signing the application does not have a social security on Indian Reservations (FDPIR) case number or other FDPIR idenwhen you apply on behalf of a foster child or you list a Suppleofficials to help them look into violations of program rules your eligibility information with education, health, and nutrition tifier for your child or when you indicate that the adult household mental Nutrition Assistance Program (SNAP), Temporary Assistance number of the adult household member who signs the application. price meals. You must include the last four digits of the social security but if you do not, we cannot approve your child for free or reduced The Richard B. Russell National School Lunch Act requires the infortheir programs, auditors for program reviews, and law enforcement for Needy Families (TANF) Program or Food Distribution Program The last four digits of the social security number is not required mation on this application. You do not have to give the information,