Las Cruces Public Schools

Turn in form to cashier or cafeteria manager only. If you need assistance, call (575)527-5995

Home / Cell

FREE & REDUCED MEALS / SNACKS
HOUSEHOLD APPLICATION

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DATE SIGNED

Zip Code

A.	HOUSEHOLD MEMBERS (ONLY ONE APPLICATION PER HOUSEHOLD)	
	Print Names of All Household Members	
	(students as registered on School Records)	

Work Telephone

GROSS INCOME TANF Payments from Pension,

(BEFORE DEDUCTIONS CHILD SUPPORT Retirement, Income

AND TAXES) ALIMONY Social Security

*INDICATE HOW OFTEN PAID *WEEKLY/BI-WEEKLY/SEMI-MONTHLY/MONTHLY/ANNUAL CHILD'S CHILD'S HOMELESS CHILD'S **Last Name** First Name SCHOOL GRADE INCOME MIGRANT JOB 1 JOB 2 RUNAWAY \$ TOTAL Number of Household Members: Approval of Application will not remove Negative Balance Charges! FOSTER CHILD: If this application is for a child who is the legal responsibility of a welfare agency or court, check here: П List the amount of the child's personal use monthly income \$ Write "0" if the child has no personal use income. (Use a separate application for each foster child) If any member of your household receives Benefits from the Programs (SNAP, FDPIR, or TANF CASH ASSISTANCE). Write down the name and case number of the person receiving the benefits. Case Number: PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable stat and federal laws. SIGNATURE: An adult household member MUST sign the application and enter the last four digits of the social security number before it can be accepted. ADULT SIGNATURE PRINTED ADULT NAME You must include the last four digits of your social security. I do not have a social security number

Home / Mailing Address

D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL): 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):

Race (check one or more):

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

*PRIVACY ACT STATEMENT

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 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 Reservation(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 program. 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 and policies, the USDA, it's 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.

*DISCRIMINATION COMPLAINTS

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 Services 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 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

Mail: U.S Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Fax: (202) 690-7442; or
Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PARENTS NEWS FLASH!

If approved, your child is eligible for one breakfast and one lunch per day when in attendance at school. Second meals may be purchased at non-reimbursed rate of \$3.00*. Also, cafeteria cashiers have a price list for individual menu items. Written notice will be provided within ten days of receipt of application.

*Subject to change

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date	
For Office Use Only						