

Sources of Income for Children		Source of Income for Adults		
Source of Child Income	Example (s)	Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.	<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> If you are in the U.S. Military: <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments form outside household</li> </ul>
Social Security	A child is blind or disabled and receives social security benefits.			
<ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	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 give a child spending money.			
Income from any other source	A child receives regular income form a private pension fund, annuity, or trust.			

**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.

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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) case number or other SNAP 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.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**Nondiscrimination Statement:** This explains what to do when you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (833)256-1665 or (202) 690-7442;  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Do not fill out For School Use Only**

<b>School use only</b>		<b>Annual Income Conversion:</b>	<b>show calculations</b>
Total Income: _____		Weekly _____ X 52= _____	
Per: <input type="radio"/> Week <input type="radio"/> Every 2 Weeks <input type="radio"/> Twice a Month <input type="radio"/> Month <input type="radio"/> Year		2x/month _____ X 24= _____	
Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____		Every 2 wks _____ X 26= _____	
Eligibility: <input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied		Monthly _____ X 12= _____	
Reason for denial: _____		Annual _____ X 1= _____	
Determining Official's Signature: _____		Determination Date: _____	