

2018-2019 Prototype Household Application for Free and Reduced Price School Meals

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

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)

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price

STEP 2

Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO > Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3)

Write only one case number or identifier:

STEP 3

Report income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)

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 not receive income, report total gross income (before taxes) for 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.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance / Child Support/Alimony		Pensions/Retirement/ All Other Income		Child Income		How often?	
	Weekly	2x-Monthly	Weekly	2x-Monthly	Weekly	2x-Monthly	Weekly	2x-Monthly	Weekly	2x-Monthly

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN:

Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4

Contact information and adult signature

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 information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Street Address (if available)

Apt. #

City State Zip

Daytime Phone and Email (Optional)

Printed name of the adult signing the form

Signature of adult

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security	A child is blind or disabled and receives social security benefits.
<ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	A parent is disabled, retted, 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 from 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.

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.

Do not fill out For School Use Only

School use only

Total Income: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied

Reason for denial: _____

Determining Official's Signature: _____ Determination Date: _____

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) if you are in the U.S. Military: Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

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 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, 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:

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;
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Annual Income Conversion: show calculations

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 1= _____