2019-2020 Application for Free and Reduced Price School Meals

**If you received notification this school year that your child(ren) is approved for free meals

Complete one application per household. Please use a pen (not a pencil). INCOMPLETE APPLICATIONS WILL BE DENIED. - do NOT complete this form. 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) Homeless Student? Foster Migrant, Child's First Name MI Child's Last Name **School & District** Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even if not related." all that a 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 School Meals for more information. STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR Case Number: If NO CASE NUMBER > Go to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3) STEP 3

Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2)

How often? A. Child Income Weekly Bi-Weekly 2x Month Monthly 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 receive income, report total gross income (before taxes) Are you unsure what income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Earnings from Work Bi-Weekly 2x Month | Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last) Weekly Weekly of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. \$ The "Sources of Income for Adults" chart will help you with the All Adult Household Members section. **Total Household Members** Last Four Digits of Social Security Number (SSN) of (Children and Adults) Х Χ Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)

PROVIDE COMPLETED FORM TO THE SCHOOL

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alse information, my children may lose meal benefits, a	nd I may be prosecuted under applica	ble State and Federal laws."					
I certify (promise) that all information on this application	is true and that all income is reported	 I understand that this information is 	s given in connection with the receipt	of Federal funds, ar	nd that school officials may verify (check) the inform	ation. I am aware that if I pu	urposely give

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date
3					

Sources of Inc		
Sources of Child Income	Example(s)	Earnings from Work
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses
- Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	Net income from self- employment (farm or business)
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Militi - Basic pay and cash bonuse (do NOT include combat pay,
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing
OPTIONAL Children's Racial and Ethn	ic Identities	

Sources of Income for Adults									
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income							
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI)	Social Security (including railroad retirement and black lung benefits) Private pensions or							
If you are in the U.S. Military:	- Cash assistance from State or local government	disability benefits - Regular income from trusts or estates							
Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base bousing food and dothing	Alimony payments Child support payments Veteran's benefits Strike benefits	 Annuities Investment income Earned interest Rental income Regular cash payments from outside household 							

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):	NAL Children's Racial and Ethnic Identities	
Race (check one or more): 🔲 American Indian or Alaskan Native 🦳 Asian 🤍 Black or African American 🦳 Native Hawaiian or Other Pacific Islander 🦳 Whit	ling to this section is optional and does not affect your children's eligibility for free or reduced price (check one): Hispanic or Latino Not Hispanic or Latino	neals.
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 of the adult household member who signs the application. The last four digits of the social security number of the adult household member who shelf 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 he 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 unded by USDA. This institution is an equal proporticity provider.	give the information, but if you do not, we cannot approve your child for free or reduced price must include the last four digits of the social security number of the adult household member who plication. The last four digits of the social security number is not required when you apply on foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations see number or other FDPIR identifier for your child or when you indicate that the adult household round to a social security number. We will use your information to for your child is eligible for free or reduced price meals, and for administration and enforcement of and breakfast programs. We MAY share your eligibility information with education, health, and or operation to the post of the expectation of the expectation of the programs to help them evaluate, fund, or determine benefits for their programs, auditors for views, and law enforcement officials to help them look into violations of program rules. Indee with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations are guestically in the program of activity conducted or supplied for bene through the Federal civil rights law and U.S. Department of administration and enforcement of form. To request USDA by: To file a program or solid in the adult household form. To request office, or write a form. To request USDA by: U.S. Office or write a form. To request USDA by: To file a program or indicate that the adult household form. To request under the programs and information to office, or write a form. To request under the programs or request under the program or request of the adult household form. To request under the programs or request of the program or request under the program or request of the program or requ	the, American Sign Language, etc.), should contact the Agency (State or local) where the Individuals who are deaf, hard of hearing or have speech disabilities may contact USD al Relay Service at (800) 877-8339. Additionally, program information may be made as other than English. **complaint of discrimination**, complete the USDA Program Discrimination Complaint fund online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA are addressed to USDA and provide in the letter all of the information requested in the copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to appartment of Agriculture of the Assistant Secretary for Civil Rights dependence Avenue, SW gton, D.C. 20250-9410 10-7442; or intake@usda.gov.

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Categorically Eligible						Eligibility:			Date 1 st Notice Sent:		Date 2 nd Notice Sent:			
		How often?				Free	Reduced	Donied						
Total Income		Weekly Bi-Week	ly 2x Month	Monthly	Household Size	riee	Reduced	Defiled		Re	esults: 🔲 No Change	□ F) R	□ R → F	
											☐ Ineligible – Reas	son:		
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Determining Official's Signat	ture	Date			Confirming Official's	s Signat	ture		Date		Verifying Official's Signatu	re	Date	