# 2022 - 2023 ECS Meal Benefit Form

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

| STEP 1 List ALL  | Household Members who are infants, children, and s  | tuden                   | lents up to and including grade 1  | 12 (if more spaces ar           | e required for additional nam                  | es, attach another sheet of paper)  |
|--|---|-------------------------|--|---------------------------------|--|---|
| Definition of Household<br>Member: "Anyone who is<br>living with you and shares<br>income and expenses, even<br>if not related."<br>Children in Foster care and<br>children who meet the<br>definition of Homeless,<br>Migrant or Runaway are<br>eligible for free meals. Read<br>How to Apply for Free and<br>Reduced-Price School<br>Meals for more information. | Child's First Name         Image: Im | MI                      | I       Child's Last Name  |                                 |  | Grade     Student?<br>Yes     Foster     Homeless,<br>Migrant,<br>Runaway       Image: Student of the state of the st |
| STEP 2 Do any H  | ousehold Members (including you) currently particip   | ate in                  | e in one or more of the following  | assistance programs             | s: SNAP, TANF, or FDPIR?                       |   |
|  | If NO > Go to STEP 3. If YES > Write a  | a case                  | ase number here then go to STEP 4  | (Do not complete STEF           | Case Number:                                   |   |
| STEP 3 Report In   | come for ALL Household Members (Skip this step if you   | 2004                    | sworod (Voc <sup>2</sup> to STEP 2)  |                                 |  | Write only one case number in this space.   |
| Are you unsure what income to include here?  | <ul> <li>A. Child Income</li> <li>Sometimes children in the household earn or receive income<br/>Household Members listed in STEP 1 here.</li> <li>B. All Adult Household Members (including yours<br/>List all Household Members not listed in STEP 1 (including y<br/>for each page in which define (including to the page).</li> </ul>   | <b>self)</b><br>ourself | ;)<br>self) even if they do not receive income                                 | e. For each Household N         | Child income Weekly Bi                         |   |
| Flip the page and review   | for each source in whole dollars (no cents) only. If they do no   | ot recei                | How often?   | Pensions/Retirement/ How often? |  |   |
| the charts titled "Sources<br>of Income" for more  | Name of Adult Household Members (First and Last) Earnings from  | m Work                  | ork Weekly Bi-Weekly 2x Month Monthly  | Child Support/Alimony           | Weekly Bi-Weekly 2x Month Monthly              | All Other Income Weekly Bi-Weekly 2x Month Monthly  |
| information.<br>The "Sources of Income   | \$  |                         |  | \$                              | 0 0 0 0  | \$ 0 0 0 0  |
| for Children" chart will<br>help you with the Child  | \$  |                         |  | \$                              | 0 $0$ $0$ $0$                                  | \$  |
| Income section.  | \$  |                         | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$                        | \$                              | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ | \$ 0 0 0 0  |
| The "Sources of Income<br>for Adults" chart will help<br>you with the All Adult  | \$  |                         | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$                        | \$                              | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ | \$ 0 0 0 0  |
| Household Members section.   | \$  |                         | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$                        | \$                              | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ | \$ 0 0 0 0  |
|  |   |                         | s of Social Security Number (SSN) of<br>Earner or Other Adult Household Member | X X X X                         | X  | neck if no SSN  |

### STEP 4 Contact information and adult signature. Mail Completed Form To: 1570 N. Dupont Hwy Dover De 19901

"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 adult signing the form |  | Signature of adult |       |     | Today's date                       |

## **STEP 5** DE State Children's Health Care Program

**I** NO! <u>I DO NOT</u> want information from my Free and Reduced-Price Meal Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. <u>IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP</u>.

STEP 6 [Insert District or School Name]

TYES! School Nutrition Office may share information from this application for school meal benefits with ECS Homeless liason, federal grants

#### INSTRUCTIONS Sources of Income

| Sources of Inc  | come for Children   | Sources of Income for Adults  |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| Sources of Child Income   | Example(s)  | Earnings from Work  | Public Assistance /<br>Alimony / Child Support  | Pensions / Retirement /<br>All Other Income  |  |  |  |
| - Earnings from work  | - A child has a regular full or part-time job<br>where they earn a salary or wages  | <ul> <li>Salary, wages, cash<br/>bonuses</li> <li>Net income from self-</li> </ul>  | <ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>                                    | <ul> <li>Social Security<br/>(including railroad<br/>retirement and black</li> </ul>                                 |  |  |  |
| <ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul> | <ul> <li>A child is blind or disabled and receives Social<br/>Security benefits</li> <li>A Parent is disabled, retired, or deceased, and<br/>their child receives Social Security benefits</li> </ul> | employment (farm<br>or business)<br>– If you are in the U.S.<br>Military:   | <ul> <li>Supplemental Security<br/>Income (SSI)</li> <li>Cash assistance from<br/>State or local</li> </ul> | <ul> <li>lung benefits)</li> <li>Private pensions or<br/>disability benefits</li> <li>Regular income from</li> </ul> |  |  |  |
| - Income from person outside the household  | - A friend or extended family member regularly gives a child spending money   | <ul> <li>Basic pay and cash bonuses<br/>(do NOT include combat<br/>pay, FSSA or privatized<br/>housing allowances)</li> </ul> | government<br>– Alimony payments<br>– Child support payments<br>– Veteran's benefits                        | trusts or estates <ul> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> </ul>                  |  |  |  |
| - Income from any other source  | - A child receives regular income from a private pension fund, annuity, or trust  | <ul> <li>Allowances for off-base<br/>housing, food and dothing</li> </ul>   | <ul> <li>Strike benefits</li> </ul>   | <ul> <li>Rental income</li> <li>Regular cash payments<br/>from outside household</li> </ul>                          |  |  |  |

### **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 🗆 Native Hawaiian or Other Pacific Islander 🗆 Black or African American 🗆 Asian 🗆 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), 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 the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition 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, 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.

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:

1. mail:

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

- 2. fax:
- (833) 256-1665 or (202) 690-7442; or 3. **email:**
- program.intake@usda.gov

This institution is an equal opportunity provider.

## Do not fill out For School Use Only

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| Annual Income Conversion: Weekly x | 52, E   |      | VV eeks<br>often? | s x 26, | wice a Month x 24 Monthly x 12 |                     |        | Eligibility     |                     |      |
|------------------------------------|---|------|-------------------|---------|--------------------------------|---------------------|--------|-----------------|---------------------|------|
| Total Income                       | Weekly         Bi-Weekly         2x Month         Monthly         Household Size         Free |      |                   |         |                                | Free Reduced        | Denied |                 |                     |      |
|                                    | $\bigcirc$  | 0    | $\bigcirc$        | 0       |                                | Categorical Eligibi | lity   | $\circ$ $\circ$ | 0                   |      |
| Determining Official's Signature   |   | Date |                   |         | confirming Official's Signa    | ature               | Date   | Verifying C     | fficial's Signature | Date |
|                                    |   |      |                   |         |                                |                     |        |                 |                     |      |