2022-23 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use pen.

**DEFINITIONS:**
- **Children in Household:** Any infant, child or student up to 12th grade that lives in your household.
- **Household Member:** Anyone who is living with you who shares income and expenses, even if not related.

**STEP 1** List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>School</th>
<th>Grade</th>
<th>Student?</th>
<th>Homeless (or)</th>
<th>Migrant</th>
<th>Foster</th>
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<td>Runaway</td>
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</table>

**STEP 2** Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FPDR?

- **NO** If NO household member participates in SNAP or TANF or FPDR, complete STEP 3.
- **YES** If YES, write your SNAP or TANF or FPDR case number here and then go to STEP 4. Do not complete STEP 3. MT Case #: 

**STEP 3** Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FPDR case number in STEP 2.

**A. Child Income**
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

**B. Adult Income** (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) 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.

<table>
<thead>
<tr>
<th>First and Last Name of Adult Household Member</th>
<th>Earnings from Work</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2X Month</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
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</tbody>
</table>

**C. Total Household Members (Children and Adults)**

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

| X | X | X | X | X | Check if no SSN |

**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."

Mailing Address Apt # City State Zip Daytime Phone and Email (optional)

Printed Name of Adult Completing Form Signature of Adult Completing Form Today’s Date

**SCHOOL USE ONLY** School District Must Complete This Section.

<table>
<thead>
<tr>
<th>Signature of Determining Official:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Signature of Confirming Official:</td>
<td>Date:</td>
</tr>
<tr>
<td>Signature of Verifying Official:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Directly Certified (DC) from DCA/Source Records: SNAP DC □ TANF DC □ FPDR DC □ Homeless/Runaway DC □ Migrant DC □ Foster DC

Categorical Eligibility: Foster Child □ Foster Case Number 

Total Household Income: $ ________ per ________

Household Size: Application Approved For: Free Meals □ Reduced-Price Meals □ Application Denied

ANNUAL INCOME CONVERSION
Weekly X 52
Bi-Weekly X 26
Twice a Month X 24
Monthly X 12

Convert to annual income ONLY if different frequencies of income listed.
Collecting racial and ethnic information helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child's eligibility for free or reduced price meals.

Ethnicity:
- Hispanic or Latino
- Not Hispanic or Latino

Race:
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Black or African American

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

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 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 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.

This institution is an equal opportunity provider.
Application Instructions – Free and Reduced-price School Meals

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household if all of your school-aged children attend [School District]. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [school district contact, phone & email preferred]. Please use a pen (not a pencil) to complete the application and print clearly.

STEP 1: List ALL CHILDREN in the Household.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?
- Children age 18 or under (related or unrelated) that are supported with the household’s income;
- Children in your care under a foster arrangement, or who qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], regardless of age.

- List each child’s name. For each child, print their first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- Is the child a student? If attending school, indicate the name of school and grade level for each child and mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend [name of school/school district here].
- Are any children homeless, runaway, or migrant? If you believe any child listed in this section may meet this description, please mark the “Homeless, Migrant, Runaway” box next to the child’s name and complete all steps of the application.
- Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and STEP 4 of these instructions.

STEP 2: Participation in SNAP, TANF or FDPIR?

If anyone in your household participates in any of the programs below, your children are eligible for free school meals:
- The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

- IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
  - Mark NO in the box and skip to STEP 3 of these instructions and STEP 3 of your application.
  - Leave the MT Case# box blank.
- IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
  - Mark YES in the box and provide a MT case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in SNAP and do not know your case number, contact: 1-866-850-1556. You must provide a MT case number on your application if you marked the box YES.
  - Skip to STEP 4 of these instructions and STEP 4 of your application.

STEP 3: Report Income for ALL Household Members

A. Child Income

Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income, for ALL children in your household listed in STEP 1, in the box marked “Total Child Income”. Only count foster children’s personal income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?
Child income is money received from outside your household that is paid directly to your children on a regular/frequent basis. Infrequent earnings, such as occasional babysitting or mowing lawns, are not counted as income. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

<table>
<thead>
<tr>
<th>Sources of Income for Children</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular earnings from work</td>
<td>A child has a job where they earn a salary or wages.</td>
</tr>
<tr>
<td>• Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits.</td>
</tr>
<tr>
<td>o Disability Payments</td>
<td>A parent is disabled, retired, or deceased, and their child receives social security benefits.</td>
</tr>
<tr>
<td>o Survivor’s Benefits</td>
<td>A child receives income from a private pension fund, annuity, or trust.</td>
</tr>
<tr>
<td>• Income from persons outside the household</td>
<td>A friend or extended family member regularly gives a child spending money.</td>
</tr>
<tr>
<td>• Income from any other source</td>
<td>A child receives income from a private pension fund, annuity, or trust.</td>
</tr>
</tbody>
</table>
Adult Income - Who should I list here?
When filling out this section, please include all members in your household who are:
- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.
- College students temporarily away
Do not include:
- People who live with you but are not supported by your household’s income, and who do not contribute income to your household.

Adult Income
Print the first and last name of all Household Members not listed in STEP 1 even if no one receives income.

Sources of Income

Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

How do I fill in the amount and how often it is received?

For each type of income:
- Report all amounts as gross income ONLY. Report income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes or deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local offices have known or available information that your household income was reported incorrectly, your application will be verified (chosen to provide proof of income) for cause.
- Mark the circle to the right of the dollar amount to indicate how often income is received.

Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
Use this chart to determine if your household has income to report.

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Sources of Income for Adults</th>
<th>Pensions/Retirement/All Other Income</th>
</tr>
</thead>
</table>
| • Gross income from salary, wages, or cash bonuses  
• Net income from self-employment (Farm or business)  
• Strike benefits | • Unemployment benefits  
• Worker's compensation  
• Supplemental Security Income (SSI)  
• Cash assistance from State or local government  
• Alimony payments  
• Child support payments  
• Veteran's benefits | • Social Security (including railroad retirement and black lung benefits)  
• Private pensions or disability  
• Income from trusts or estates  
• Annuities  
• Investment income  
• Earned interest  
• Rental income  
• Regular cash payments from outside household |

C. Report total household size.
Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.

D. Provide the last four digits of your Social Security Number.
The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN”.

STEP 4: Contact Information and Adult Signature.
All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Please also make sure you have read the use of information and civil rights statements on the back of the application.
1. Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
2. Sign and print your name. Print and sign your name in the designated boxes as the adult completing the form.
3. Write today’s date. In the space provided, write today’s date in the box.
4. Share Children’s Racial and Ethnic Identites (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity.

This institution is an equal opportunity provider.