

<b>Return Completed Application to:</b> <span style="float:right">(Insert School name, mailing address here)</span>					
<b>Part 1: Children in School</b>					
List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade		
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits</b>					
Enter <b>MASTER CASE NUMBER</b> if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>Part 3: Total Household Gross Income – You must tell us how much and how often.</b>					
<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s <b>personal</b> use income must be listed.		<b>2. Gross Income (before taxes) and How Often it was Received</b>			
		Earnings from Work before deductions		Public Assistance, Child Support, Alimony	Pensions, Retirement and All Other Income
		Income	How often	Income	How often
Total Number of Household Members: (Children and Adults)      _____		Last four digits of Social Security Number (SSN) of the adult signing this form:      XXX – XXX –      _____      Check if no SSN <input type="checkbox"/>			
<b>Part 4: Adult Signature and Contact Information – An adult household member must sign the application.</b>					
<i>“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.”</i>					
Sign here: _____		Print name: _____		Date: _____	
Street Address (if available): _____			Zip: _____		Daytime Phone: _____
<b>Part 5: Children’s Ethnic and Racial Identities – Optional</b>					
<b>Check one Ethnic Identity:</b> – and –		<b>Check one or more Racial Identities:</b>			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<b>Do Not Fill Out the Section Below - For School Use Only</b>					
Annual Income Conversion:      Weekly X 52;		Every 2 weeks X 26;		Twice a month X 24;      Monthly X 12	
Total Household Size: _____		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income      Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Incomplete application			

# Free & Reduced Price School Meals Family Application – complete one application per household Attachment

C: 2019-20

Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week	<input type="checkbox"/> <i>Foster Child</i>
Signature of Determining Official: _____ Date Approved: _____	
<b>FOR THE VERIFICATION PROCESS ONLY:</b>	
Signature of Confirming Official: _____	Date Confirmed: _____
Signature of Verifying Official: _____	Date Verified: _____
Date Withdrawn From School: _____	

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

## COME CHART

Year 2019-20

		Monthly	Twice per Month	Every Two Weeks	Weekly
		1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

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 are 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

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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.

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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](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:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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