2019-2020 Humboldt County School District 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 I	Household Members who are infants, ch	nildren, and studer	nts up to and including grade 1	2 (if more spaces are required	for additional names, attach a	another sheet of paper)
Definition of Household Member : "Anyone who is	Child's First Name	МІ	Child's Last Name		Grade	Student? Homeless, Foster Migrant, Yes No Child
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 School Meals for more information.						
STEP 2 Do any H	ousehold Members (including you) curr	ently participate ir	one or more of the following a	ssistance programs: SNAP, 1	ANF, or FDPIR?	
	If NO > Go to STEP 3. If Y	'ES > Write a case	e number here then go to STEP 4	Do not complete STEP 3)	Case Number:	
STEP 3 Report Inc	come for ALL Household Members (Skip t	his step if you answ	ered 'Yes' to STEP 2)			
	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Plea	se include the TOTAL income receiv	ed by all Child in	How often?	Monthly
Are you unsure what income to include here?	B. All Adult Household Members (inc					
Flip the page and review the charts titled "Sources of Income" for more	List all Household Members not listed in STE for each source in whole dollars (no cents) or	nly. If they do not rece	ive income from any source, write '0 How often?	. If you enter '0' or leave any fields Public Assistance/	blank, you are certifying (promising) w often? Pensions/Re) that there is no income to report. tirement/ How often?
information.	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Child Support/Alimony Weekly Bi-Week	kly 2x Month Monthly All Other Inco S S	ome Weekly Bi-Weekly 2k Month Monthly
The "Sources of Income for Children" chart will help you with the Child Income section.		•				
The "Sources of Income for Adults" chart will help		\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	\$ O C	\$	
you with the All Adult Household Members section.		\$	0 0 0 0	\$ O C	\$	0 0 0 0
	Total Household Members	\$ Last Four Digits of	Social Security Number (SSN) of	\$ O C		
	(Children and Adults)	Primary Wage Earr	ner or Other Adult Household Member	X X X X X	Check if no	
STEP 4 Contact in	nformation and adult signature. <u>Turn b</u>	back in to your sch	nool or the district office at 31	0 E. 4 th Street		
"I certify (promise) that all information on t I may be prosecuted under applicable Sta	his application is true and that all income is reported. I understand te and Federal laws."	d that this information is given i	in connection with the receipt of Federal funds, and	that school officials may verify (check) the inform	ation. I am aware that if I purposely give false info	rmation, my children may lose meal benefits, and
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)	

Printed name of adult signing the for	Printed	name	of	adult	signing	the	forr
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Signature of adult

Today's date

Sources of Ind	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	 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 Regular cash payments from outside household 	
 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) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing food and altition 	 Alimony payments Child support payments Veteran's benefits 		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		- Strike benefits		

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): Race	Hispanic or Latino	Not Hispanic or L	_atino			
(check one or more):	American Indian or Alas	kan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Whit

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 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.

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; or
- email: program.intake@usda.gov
- This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x	52, Every 2 Weeks x 26 How often?	, Twice a Month x 24 Monthly x 12		Eligibility:	
	Weekly Bi-Weekly 2x Mor	th Monthly			
Total Income		Household Size		Free Reduced Denied	
	0 0 0	Categ	orical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date