2020-2021 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online:

nition of Household ber : "Anyone who is	Child's First Name	MI Child	d's Last Name		DOB	School Na	ime	Gra	ade Stu Yes	udent? No	Foster Child	
g with you and shares me and expenses, even												
related." ren in Foster care and										-	Check all that apply	
ren who meet the hition of Homeless ,]				-	k all th	
ant or Runaway are ble for free meals. Read										ō	Chec	
to Apply for Free and ced Price School s for more information.						j						
]							L	
EP 2 Do any I	Household Members (including you)) currently p	participate in c	one or more of the foll	owing assistan	ce programs: SN	AP, TANF, or FI	PIR?				
	If NO > Go to STEP 3.	If YES >	Write a case n	number here then go to S	STEP 4 <u>(</u> Do <u>not co</u>	omplete STEP 3)	Case Numb	er:				
									Write onl	ly one case	number in	this space
P3 Report In	ncome for ALL Household Members (Sk	Skipthisstep	p if you answer	red 'Yes' to STEP 2)								
	A. Child Income					,	Child in come	How oft Weekly Bi-Weekly 2				
	Sometimes children in the household ea	arn or receive	a incomo Diococ		no received by all	(Child income	Weekiy Di-Weekiy 2	2X IVIOTIUT IVIOTIUTIY			
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Printed name of adult signing the form

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	
 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 Alimony payments Child support payments Veteran's benefits 	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household	
-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,			
-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 dothing	- 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):	Hispanic or Latino	Not Hispanic	or Latino			
Race (check one or more):	American Indian or A	laskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	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, 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.

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, Twice a Month	x 24 Monthly x 12		Eligibility:	
Total Income		Monthly Household Size			Free Reduced Denied	
	0 0 0	0	Categorical	Eligibility	$\bigcirc \bigcirc \bigcirc$	
Determining Official's Signature	Date	Confirming Official	s Signature	Date	Verifying Official's Signature	Date