STEP 1 List ALL household members who are infants, children, and stu

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Read Birth Date Students Abres income and acceptance, sex infraretation Strict Name Child's Last Name School Name Grade Birth Date Students' Foster Child shares income and acceptance, sex infraretation of home less and children who means the administration of home less and children who means the search for a page Strict Name	eipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely g	n in connection with the re	inderstand that this information is give cral laws.	d I may be prosecuted under applicable state and fe	nation, my children may lose meal benefits a
Child's First Name Mr. Child's Last Name School Name Grade Birth Date Student? Foster three of the continuous and colliders who more the definition of home less, migrat, or many continuous and colliders who more stated between the continuous and colliders who come the colliders	trict Mailing Address Here	t Your School Dis	Impleted Form to: Inser	andication is because of graduate	certify (promise) that all information on this
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METHEN-Appoint with its living with you and expense, counting or the following assistance programs: SNAL, TANK or FDDPIR? Child's First Name Child's First Name Child's Last Name School Name Grade Birth Date Student? Child a process and expense, counting or those of more Child a process of more Child a process of lease of more Child a process of lease of more Child and those of more Child a process of lease of more Child a lease Child a process of lease of more Child a lease	s				Total Household Members (Childi
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is living with you avide the present content with the present content and shares income and shares income and shares income and shares from the definition of home-tests, migrant, or manayy for the form of home-tests,	Bi- 2x Monthly ment/All Other Weekly Bi- weekly Month		2x Monthly Month	Work Weekly	Members (First and Last)
Member-Anyone white is iring with you and expenses income incom		Public Assistance	How Often .		Names of Adult II
Member—Anyone who is living with you and shares income and expenses, reconfined and expenses reconfined and expenses reconfined and reconfired and reconfined and reconfired and	y do not receive income. For each household member listed, if he/she does receive in ey do not receive income from any source, write $m{\theta}$. If you enter $m{\theta}$ or leave any fields b	yourself), even if the (no cents) only. If the	each source in whole dollars each source in whole dollars e is no income to report.	gross income (before taxes) for certifying (promising) that the	The Sources of Income for Adults chart will help you with the All Adult House Members section.
Member-Anyone who is living with you and shares income and expenses, even if not related. Child's First Name is living with you and shares income and expenses, even if not related. Children in foster care and children who meet the definition of home-tes, migrant, or unaway are eligible for free meals, free all flow to Apply for Free and Reduced-Price School Meals for more information. STEP2. Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? STEP3. Report income for ALL household members (Skip this step if you answered YES to STEP2) According with you and share in this forome. Please include the TOTAL income received step if you anaway are eligible for free more information. Child's First Name M I Child's Last Name School	weekly Month		s (Including Yourself)		The Sources of Income for Children chart will help you with the Child Income section.
Member—Anyone who is living with you and shares income and extended. Children in foster care and children who meet the definition of home less, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price information. STREP 2. Do any household members (Rich under go to STEP 4. (Do not complete STEP 3.) Child's First Name M. I. Child's Last Name School Name Grade Birth Date Student? Foster Child Student? Step Child Student? Step School Name Step Step School Name Step	Child Income How Ofter	 e. Please include th 	sehold earn or receive incom I listed in STEP I here.	Sometimes children in the hove by all children in the househol	Flip the page, and review the charts titled Sources of Income for more information.
Member—Anyone who is living with you and shares income and expenses, even if not related. Child's First Name M I Child's Last Name School Name School Name Grade Birth Date Student? Foster Child Student? Child's First Name M I Child's Last Name School Name School Name School Name School Meals for more information. STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDP1R? With compone for 411 beneated a light of this Student? Foster Child Yes No Application of home case number in this Foster Child Child's Last Name School Name Sc		ES to STEP 2)	is step it you answered Y	A. Child Income	Are you unsure what income to include here?
Member—Anyone who is living with you and shares income and expenses, even in forter care and children who meet the definition of bomeless, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more School Meals for more STEP 2. Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Foster School Name Child's First Name M I Child's Last Name School Name School Name School Name School Meals for more STEP 2. Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)	Case Number:				STEP3 Report income for
Member—Anyone with you and shares income and exshares income and exshares income and exshares 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. Child's Last Name School Name Grade Birth Date Student? Foster Child Yes No Page		t complete STEI	go to STEP 4. (Do no	write a case number here, the	If No, go to STEP 3. If Ye
Child's First Name M I Child's Last Na			V participate in one or m	nembers (including you) current	STEP 2. Do any household i
Child's First Name M I Child's Last Na					School Meals for more information.
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Child's First Name M I Child's Last Na	that	1			the definition of home-
Child's First Name M I Child's Last Na		-			Children in foster care
Child's First Name M I Child's Last Na	Yes No				shares income and expenses, even if not related.
	School Name Grade Birth Date Student? Foster	ne	Child's Last Nar		Member—Anyone who

INSTRUCTIONS Sources of Income

		friet	
		private pension fund, annuity, or	
		 A child receives income from a 	· Illcome from any other source
		child spending money	
	food, and clothing	member REGULARLY gives a	the household
 Strike benefits 	 Allowances for off-base housing, 	A friend or extended family	Income from persons OUISIDE
 Veteran's benefits 	allowances)	receives social security benefits	1
 Child support paym 	FSSA, or privatized housing	or deceased, and his/her child	
 Alimony payments 	(do NOT include combat pay,	 A parent is disabled, retired, 	Survivor's benefits
government	 Basic pay and cash bonuses 	receives social security benefits	Disability payments
 Cash assistance from 	If you are in the U.S. Military:	A child is blind or disabled and	Disability
 Supplemental Security 	employment (farm or business)	salary or wages	· Conicl Connects
 Worker's compensa 	 NET income from self- 	part-time job where he/she carns a	
 Unemployment ber 	 Salary, wages, cash bonuses 	A child has a regular full- or	Earnings from work
Public Assistance/Ali	Earnings From Work	Example(s)	Sources of Child Income
Sources of Inco		Sources of Child Income	Sources of C

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		rood, and clothing	 Allowances for off-base housing, 	allowances)	FSSA, or privatized housing	(do NOT include combat pay,	 Basic pay and cash bonuses 	If you are in the U.S. Military:	employment (farm or business)	 NET income from self- 	 Salary, wages, cash bonuses 	Earnings From Work		
			Strike benefits	 Veteran's benefits 	 Child support payments 	 Alimony payments 	government	 Cash assistance from state or local 	 Supplemental Security Income (SSI) 	 Worker's compensation 	 Unemployment benefits 	Public Assistance/Alimony/Child Support	Sources of Income for Adults	
	REGULAR cash payments from outside household	Earned interest Rental income	Investment income	• Annuities	estates	Regular income from trusts or	benefits	Private pensions or disability	lung benefits)	railroad retirement and black	Social Security (including)	Pensions/Retirement/All Other Income		

OPTIONAL Children's Racial and Ethnic Identities

ing to this section is optional and does not affect your children's eligibility for free or reduced-price meals. 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. Respond-

Not Hispanic or Latino

White

program reviews, and law enforcement officials to help them look into violations of	1 er	Asian Black or African American Indian or Alaskan Native Asian Black or African American
Onnochusik, and ide	In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights policies, the USDA, its Agencies, offices, and employees, and institutions participating in or adminis are prohibited from discriminating based on race, color, national origin, sex, disability, age, or repris prior civil rights activity in any program or activity conducted or funded by USDA. Persons with di alternative means of communication for program information (e.g. Braille, large print, audiotape, Ar etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 information may be made available in languages other than English. To file a program complaint of civil the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.us.filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the lett requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your co to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Right Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.g.	African American

e a program complaint of discrimination, complete nline at: http://www.ascr.usda.gov/complaint_ participating in or administering USDA programs 632-9992. Submit your completed form or letter DA and provide in the letter all of the information Service at (800) 877-8339. Additionally, program y USDA. Persons with disabilities who require x, disability, age, or reprisal or retaliation for l: program.intake@usda.gov nefits. Individuals who are deaf, hard of hearing ılture (USDA) civil rights regulations and Secretary for Civil Rights 1400 Independence large print, audiotape, American Sign Language,

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Determining Official's Signature Date		Annually Bi-Weekly 2 x Month Monthly Household Size		Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
Confirming Official's Signature Date	Categorical Eligibility	Household Size		eeks x 26, Twice a Month x 24, Monthly x 12
 ng Official's Signature		Free Reduced Denied	Eligibility:	

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they MAY also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to. Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and

	er your children get free or reduced-price school meals.)
No! I DO NOT want information from Meals shared with Medicaid or Sooner	n my Application for Free and Reduced-Price School Care.
If you checked <i>No</i> , fill out the form below to ensure listed below:	that your information is <i>NOT</i> shared for the child(ren)
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may call your child's sch	ool.

r.			