2022-23 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

LIST ALL I	Household Members will are illiants, chi	idien, and students up to and includin	ig grade 12 (ii more spaces are requ	anca for additional flames, attach a	nother sheet of paper)
Definition of Household Member: "Anyone who is 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	Child's First Name		following assistance programs: SN/		Student? Yes No Adde tag
	If NO > Go to STEP 3. If YI	ES > Write a case number here then go	to STEP 4 (Do not complete STEP 3)	Case Number:	
				V	Vrite only one case number in this space.
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if you answered 'Yes' to STEP 2)			
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members (incl. List all Household Members not listed in STEF for each source in whole dollars (no cents) onl. Name of Adult Household Members (First and Last)	luding yourself) P 1 (including yourself) even if they do not rec	seive income. For each Household Member larce, write '0'. If you enter '0' or leave any for Public Assistance/		otal gross income (before taxes) that there is no income to report. How often?
you with the All Adult Household Members					
section.		\$ 0 0 0			
Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN STEP 4 Contact information and adult signature. Mail Completed Form To: Van Buren County Board of Education 293 Sparta Street Spencer, TN 38585					
"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."					
Street Address (if available)	Apt #	City	State Zip	Daytime Phone and Email (optional)	
Printed name of adult signing	the form	Signature of adult		Today's date	

INSTRUCTIONS **Sources of Income** Sources of Income for Adults Sources of Income for Children Pensions / Retirement / All Sources of Child Income Example(s) Public Assistance / **Earnings from Work** Other Income Alimony / Child Support - A child has a regular full or part-time job where - Earnings from work they earn a salary or wages - Unemployment benefits Social Security (including - Salary, wages, cash - Worker's compensation railroad retirement and black bonuses - Social Security - A child is blind or disabled and receives Social - Supplemental Security lung benefits) - Net income from self-Security benefits - Disability Payments Private pensions or Income (SSI) employment (farm or - Survivor's Benefits - A Parent is disabled, retired, or deceased, and their - Cash assistance from disability benefits business) child receives Social Security benefits - Regular income from State or local government - Alimony payments If you are in the U.S. Military: trusts or estates -Income from person outside the household - A friend or extended family member - Child support payments Annuities regularly gives a child spending money - Veteran's benefits - Investment income Basic pay and cash bonuses (do - Strike benefits -Income from any other source - A child receives regular income from a NOT include combat pay, FSSA or Earned interest private pension fund, annuity, or trust privatized housing allowances) - Rental income - Allowances for off-base housing, - Regular cash payments from outside household food and clothing **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. Hispanic or Latino Not Hispanic or Latino Ethnicity (check one): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander ☐ White Race (check one or more): may be made available in languages other than English. 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 To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (ADmeals. You must include the last four digits of the social security number of the adult household member who 3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA signs the application. The last four digits of the social security number is not required when you apply on office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 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 mail: U.S. Department of Agriculture (1) member signing the application does not have a social security number. We will use your information to Office of the Assistant Secretary for Civil Rights determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of 1400 Independence Avenue, SW the lunch and breakfast programs. We MAY share your eligibility information with education, health, and Washington, D.C. 20250-9410; 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. (2) fax: (202) 690-7442: or In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights email: program.intake@usda.gov. (3)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 This institution is an equal opportunity provider 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 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 Eliaibility: How often? Total Income Weekly Bi-Weekly 2x Month Monthly **Household Size** Reduced Denied Categorical Eligibility Date Date Date Confirming Official's Signature Verifying Official's Signature **Determining Official's Signature**