## **2022-2023** Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply Online: www.union.k12.ms.us

efinition of Household	Child's First Name		MI Chil	d's Last Name							Grade	Studer Yes	nt? No	Foste Child	
ember: "Anyone who is ng with you and shares															
ome and expenses, even ot related."															
ildren in <b>Foster care</b> and ldren who meet the														That are	
finition of Homeless, grant or Runaway are														Check all that apply	
gible for free meals. Read ow to Apply for Free and													<u> </u>		
educed Price School eals for more information.															
STEP 2 Do any h	Household Members (including you) curre	ently participat	e in one o	r more of the fol	lowing assis	stance	e programs	s: SNAF	P. TANI	F. or FDPIR?	<b>,</b>				
		, p					, p. 0 g. c								
	If NO > Go to STEP 3. If Y	ES > Write a c	ase numbe	er here then go to	STEP 4 ( <u>D</u> o <u>r</u>	ot con	nplete STEF	<u>2 3</u> )	Cas	se Number:		\\/t			41-1
												Write only o	ne case	number in	this space
TEP 3 Report Ir	ncome for ALL Household Members (Skiptl	nis step i fyouar	swered'Y	es' to STEP 2)											
	A. Child Income							Ch	nild income	e Wee	How often?	Monthly			
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. I	Please inclu	de the TOTAL inco	me received b	y all		\$		- Wee	DI-VVEENIY ZX WOTH	O			
	B. All Adult Household Members (inc	ludina vourse	f)					Ψ							
re you unsure what come to include here?	List all Household Members not listed in STE	P 1 (including you	rself) even												
p the page and review	for each source in whole dollars (no cents) or	ily. If they do not	eceive inco	How often?	ce, write U.If		ter U or leav	e any ne	How of		Pensions/Reti		is no inc	How often	•
e charts titled "Sources Income" for more	Name of Adult Household Members (First and Last)	Earnings from	Nork Wee	ekly Bi-Weekly 2x Month	Monthly		pport/Alimony	Weekly	Bi-Weekly	2x Month Monthly	All Other Inco		Weekly B	-Weekly 2x I	Month Month
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Sources of Inc	come for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

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

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  Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-05/0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-05/0002-508-11-28-17Fax2Mail.pdf</a> , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The let outcome the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in	Of HOMAL Clinic et a Racial and Ethnic Identities	
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 of the adult household member who signs the application. The last four digits of the social security number of the adult household member signing the application does not have a social security number. We will use your information to determine if 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retailation for prior civil rights activity.  To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complete and Program UsDA OnSCR%20P-Complaint-Form-05/0002-508-11-28-17Fax/Mall.pdf, from any USDA office, by calling (866) 632-9982, or by writing a letter addressed to USDA. The left of where you will so that the satisfact of sate retails to information to member and a written addition of the addition in the complainants's name, address, telephone nu		
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 in 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.  Though the program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at	Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino  Race (check one or more): American Indian or Alaskan Native Asian	Black or African American    Native Hawaiian or Other Pacific Islander    White
(000) 700 0000 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.  Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign	sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.  The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email:
		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			
	How often?				Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Monthly Household Size			Free	Reduced Denied	
	0 0 0 0		Categorical Eligibility			
Determining Official's Signature	Date	Confirming Official's	Signature Date	Ve	erifying Official's Signature	Date