2022-23 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use pen.

STEP 1 List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.																								
DEFINITIONS:	Child's First Nan	me				МІ	Child's	Last Name						School			G	rade	Stude		Homeless (or) Migr	ant l	Foster
Children in Household:																			Y	N	Kullaway			
Any infant, child or student up to 12th grade that lives in your						iH											╡┟							
household.						iH											╣			=				H
Household Member: Anyone who is living with you																	╡┟							H
who shares income and expenses, even if not related.																								
STEP 2 Do any house						participa	te in on	e or mor									FDPII	R?						
	sehold member pa mplete STEP 3.	articipa	ites in SN	JAP or TAI	NF or =			YI	-					or FDPIR complete ST		er here	→	MT Ca	se #:					
STEP 3 Report Income	for ALL Hous	ehold	l Meml	bers. Sk	cip this	s step if y	ou wrot	te a SNAF	or TA	NF c	or FDP	IR case	numbe	r in STEP	2.									
A. Child Income																				We	ekly Bi-Weekly	2X Month	Monthly	Yearly
Sometimes children in the ho		me. Ple	ease incli	ude the T(OTAL inc	come earne	d by all Ch	nild Househ	old Men	nbers	listed ir	n STEP 1	here.				→	\$			\circ	\bigcirc	\bigcirc	
B. Adult Income (including List ALL Household Members r	not listed in STEP 1	•												e income, re	eport total g	gross income	e (befor	e taxes) fo	or each so	urce in wh	ole dollars (no	cents) only	. If they	do
not receive income from any s	ource, write '0'. If	you ent	:er '0' or l	leave any f	fields bla	ank, you are	certifying	(promising)	•			ne to rep						Donsion /D	etirement	, –				
First and Last Name of Adult Househo	ld Member	Earnin	ngs from V	Nork	Weekl	y Bi-Weekly	2X Month	Monthly Y	early		ort/ Alim	•	Weekl	y Bi-Weekly	2X Month	Monthly Yea	rlv	All Other I		We	ekly Bi-Weekly	2X Month	Monthly	Yearly
	\$;							<u> </u>) (\bigcirc	0 (<u></u> \$				$)$ \bigcirc	<u> </u>	<u> </u>	
	\$						\bigcirc	\bigcirc (\$[\bigcirc	\circ					\bigcirc	\bigcirc	\bigcirc	
	\$) (0	\$) (\bigcirc	\circ	\$				$\overline{)}$	\bigcirc	\bigcirc	
	\$) ()) ()	\bigcirc	\bigcirc) ()	\bigcirc		
C. Total Household Members								D.						Number (SS		Гх	x	x	хх			Checki	f no SSN	
(Children and Adults)		ls.C'-							(Pri	mary \	Nage Ea	rner or O	ther Adult	Household N	Member)		^	^	^					
"I certify (promise) that all information					is renort	ted Lunders	tand that t	his informat	tion is giv	ven in	connecti	ion with t	he receint	of Federal fi	ınds and th	at school off	icials ma	av verify (d	heck) the	informatio	n Lam aware	that if I nurr	noselv giv	ve false
information, my children may lose mea											¬ г					1		.,, (,030,7 6.1	
Mailing Address				Apt #	#	City					_	tate		in.		Dougli	ima Dh	one and	l Email (ntional				
Walling Address					" ¬ г	City					31	late	ZI	h		Dayti	illie Pii	ione and	l Email (d	ptional				
Printed Name of Adult Comple	eting Form				_	Signature	of Adult	Completi	ng Forn	n						Loda	y's Da	to						
	chool District I	Must	Compl	ete This			uit	-completin								1000	, , , , , , a							
							rtified (DC)	from DCA/S	Source Re	cords	. □ SN/	AP DC	TANF DC	☐ FDPIR F	OC Hom	neless/Runawa	av DC	Migran	tDC 🗆 F	oster DC	ANNUAL	INCOME (ONVER	SION
Signature of Determining Official: Signature of Confirming Official:			Date: Date:			2comy 66						oster Child		ase Number		.c.cssy i turia W	.,	_ ivingiali	.50 -1	College DC		Weekly X Bi-Weekly	52	
Signature of Verifying Official:			Date:					Total Hou	sehold In	icome:	\$				per						Tv	wice a Mon Monthly X	th X 24	
growing of the control of the con			_ 5.0.					1	Househol	ld Size:	:										Convert	to annual inc		Y if
Application Received:	Application Effec	ctive Dat	te:					Application	n Approv	ed For:	: 🗆 Fre	e Meals	☐ Reduce	d-Price Meals	☐ Applica	ation Denied					different fr	equencies of	income I	isted.

OPTIONAL	Children's Rac	ial and Ethnic Identities.	
•		ation helps to make sure we are fully serv hildren's eligibility for free or reduced price	ving our community. Responding to this section is e meals.
Ethnicity:		Race:	
☐ Hispanic or L	atino	☐ American Indian or Alaskan Native	$\ \square$ Native Hawaiian or Other Pacific Islander
☐ Not Hispanic	or Latino	☐ Asian	☐ White
		☐ Black or African American	

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 Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in 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:

program.intake@usda.gov

Free/Reduced Price School Meal Application Income Guidelines										
Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly					
1	\$25,142	\$2,096	\$1,048	\$967	\$484					
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652					
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820					
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988					
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156					
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324					
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492					
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659					
Each additional family member	\$8,732	\$728	\$364	\$336	\$168					

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.