2022-2023 Application for Free and Reduced Price School Meals

Date Received by LEA (LEA use only) Complete one application per household. Please use a pen (not a pencil). STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

\	Child's First Name	МІ	Child's Last Name		Building Name	Homeless Foster Migrant, Child Runaway
Definition of Household Member : "Anyone who is living with you and shares income and expenses,						Grade
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	lousehold Members (including you) currently	participate in	n one or more of the fo	bllowing assistance programs: SNAP,	TANF, or FDPIR? Circle	e one: Yes / No
If you answered NO > Cor	nplete STEP 3. If you answered YES > Write a case num	ber here then go	to STEP 4 (Do not complete	<u>e STEP 3)</u> Case Number:	Write only	one case number in this space
STEP 3 Report li	ncome for ALL Household Members (Skip thi	is step if you ar	nswered 'Yes' to STEP 2)		
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn income. Please STEP 1 here.	e include the TOT	TAL gross income earned by	all children listed in \$	How often?	
Flip the page and review the charts titled "Sources of Income" for more	B. All Adult Household Members (including you List all Household Members not listed in STEP 1 (including each source in whole dollars (no cents) only. If they do not r	yourself) even if				
information. The "Sources of Income	Name of Adult Household Members (First and Last) Earnings	from Work Weekly	How often? Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/	How often?
for Children" chart will help you with the Child Income section.				Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	S All Other Income	
The "Sources of Income for Adults" chart will						
help you with the All Adult Household	▶		<u> </u>			$) \bigcirc \bigcirc \bigcirc \bigcirc$
Members section.			of Social Security No rner or other adult I	umber (SSN) of nousehold member. X X X		Check if no SSN
STEP 4 Contact	information and adult signature Mail Cor	mpleted Form	n To: Calhoun R-VIII/4	09 South College, Calhoun, MO 65323		

"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 completing the form	S	Signature of adult completing the form			Today's date
DO NOT FILL OUT THIS SECTION. THIS	IS FOR SCHOOL USE ONL	Υ.			
ANNUAL INCOME CONVERSION: WEEP	KLY X 52, EVERY 2 WEEKS	5 X 26, TWICE A MONTH X 24, MC	ONTHLY X 12	(USE ONLY IF MUL	TIPLE FREQUENCY)
□Food Stamps/Temporary Assistance Ho	usehold size:	Total income:		Per:	Week Every 2 Weeks Twice a Month Month Year
Eligibility: Tree Reduced Denied Re	eason:				Date withdrawn:
Error Prone Application: D Yes D No (Op	otional - See FAQs) Determ	ining Official's Signature:			Date Approved/Denied:
Confirming Official's Signature (For verification	tion purposes only):				Date:

INSTRUCTIONS Sources of Income

Sources of Inc	ome for Children	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 retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household 	
 Social Security Disability Payments Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits	 Net income from self- employment (farm or business) 	- Supplemental Security Income (SSI)		
	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	 If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	 Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 		
- 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 				

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. If ethnicity/race is not selected, a visual identification will be determined.

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

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 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.