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

Apply online:

Today's date

Printed name of adult signing the form

STEP 1 List ALL	Household Members who are infants	s, childı	ren, and stude	nts up to	o and i	includ	ling gra	de 12	(if mo	re space	es are r	equire	ed for	additio	nal na	ımes, at	ttach an	other s	heet o		
Definition of Household	Child's First Name	VII Ch	ild's Last Nam	е				ОВ		Scho	ol Naı	me				Grade	Sto Yes	udent? No		Foster	Homeles Migrant, Runawa
Member: "Anyone who is living with you and shares																	res	INO	Γ	Child	Kunawa
income and expenses, even if not related."									=						_				ply		
Children in Foster care and																			all that apply		
children who meet the definition of Homeless ,																			k all #		
Migrant or Runaway are eligible for free meals. Read		$\neg \overline{\vdash}$																	Check		
How to Apply for Free and Reduced Price School		一一					1		_												
Meals for more information.																			L		
STEP 2 Do any l	Household Members (including you) co	urrently	participate in	one or m	nore of	the fo	ollowing	j assis	stance	progran	ns: SNA	AP, TA	NF, or	FDPIR	?						
	If NO > Go to STEP 3.	K VEO	\\/-it		41	4	OTED	. /D	-4	-1-4- OT	-D 0)	Ca	ise Nii	mber:							
	If NO > Go to STEP 3.	II 1E3>	Write a case	numbern	iere trie	en go to	SIEP	ין טט וו	Ot COM	piete STE	<u>:P 3</u>)						Write on	ly one cas	se numb	per in th	is space
STEP 3 Report la	ncome for ALL Household Members (Ski	ip this st	ep if you answe	red 'Yes	' to STE	EP 2)															
															Но	w often?					
	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all						ly Bi-Wee	kly 2x Month	Monthly												
	Household Members listed in STEP 1 here	re.							,		\$) C		0				
	B. All Adult Household Members ((includi	na vourself)																		
Are you unsure what income to include here?	List all Household Members not listed in S for each source in whole dollars (no cents	STEP 1 (i	ncluding yourself)		from ar	ny sour						ields bla	ank, yo						income	e to rep	
income to include here? Flip the page and review	List all Household Members not listed in S for each source in whole dollars (no cents	STEP 1 (ii s) only. If	ncluding yourself)	e income	from ar	ny sour	ce, write	'0'. If y	ou ente	r '0' or lea	ive any f	ields bla	ank, yo	u are ce			g) that the Retirement/	ere is no	income How	often?	ort.
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Signature of adult

Sources of Inc	ome 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	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security 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					

S	ources of Income for Ad	dults
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	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

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.

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 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 based on 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider

Do not fill out

For School Use Only

Annual Income Conversion: Weekl	y x 52, Every 2 Wee	eks x 26, Twice a Mo	onth x 24 Monthly x 12	Flicibility.	
Tatalilassassa	How often?			Eligibility:	
Total Income	Weekly Bi-Weekly 2x Mo	nth Monthly Household \$	Size	Free Reduced Denied	
	0 0 0		Categorical Eligibility		
Determining Official's Signature	Date	Confirming Of	ficial's Signature Date	Verifying Official's Sig	anature Date