

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)

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.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: _____ (program)

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this 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 you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature

"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

Sources of Income 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

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - 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 - 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, 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

fax: (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: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income	How often?				Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Weekly	Bi-Weekly	2x Month	Monthly			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	Date		Confirming Official's Signature		Date		Verifying Official's Signature		Date
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

每個家庭填寫一份申請表。請使用鋼筆（而非鉛筆）填寫。

第 1 列出家庭成員中所有是嬰幼兒、兒童和 12 年級以下（包括 12 年級）學生的成員（如果額外的姓名需要更多空白，請使用附頁）

家庭成員的定義：“與您居住在一起並共用收入和費用的任何人員，即使相互間沒有關係。”

收養照護下的兒童和滿足無家可歸、移民或離家出走規定的兒童有資格獲得免費校餐。欲獲取更多資訊，請閱讀如何申請免費和優惠校餐。

兒童的名字	MI	兒童的姓氏	年級	學生？		無家可歸、移民、離家出走
				是	否	
				<input type="checkbox"/>	<input type="checkbox"/>	選擇所有適用答案
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

第 2 您的任何家庭成員（包括您）目前參加以下一項或多項援助計畫嗎： _____ (program)

如否 > 轉到第 3 步。 如是 > 在這裡填寫案號，然後轉到第 4 步驟（不要完成第 3 步）

案號： _____

請只在該空白處填寫一個案號。

第 3 報告全體家庭成員的收入（如果在第 2 步中回答“是”，跳過這一步）

您不確定在此包含哪些收入？

翻頁並閱讀標題為“收入來源”的圖表，以瞭解更多資訊。

“兒童收入來源”圖表將說明您填寫兒童收入部分。

“成年人收入來源”圖表將說明您填寫所有成年人家庭成員部分。

“成年人收入來源”圖表將說明您填寫所有成年人家庭成員部分。

A. 兒童收入
 有時候，家庭中的兒童也賺取或領取收入。請包含在第 1 步中所列所有家庭成員所領取的總收入。

兒童收入 \$ _____

多經常？			
每週	每兩周	每月 2 次	每月
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. 所有成年人家庭成員（包括您自己）
 列出在第 1 步中沒有列出的所有家庭成員（包括您自己），即使他們沒有收入。對於所列的每個家庭成員，如果他們的確有收入，只報告各個來源的總毛收入（稅前），以美元為單位（不包括美分）。如果他們不從任何來源獲得收入，填寫“0”。如果輸入“0”或留空任何欄目，您在證明（承諾）沒有任何要報告的收入。

成年人家庭成員的姓名（名字和姓氏）	工作收入	多經常？				公共救濟金/兒童撫養費/贍養費	多經常？				養老金/退休金/所有其他收入	多經常？			
		每週	每兩周	每月 2 次	每月		每週	每兩周	每月 2 次	每月		每週	每兩周	每月 2 次	每月
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

家庭成員總人數 (兒童和成年人) _____

主要掙薪資者或其他成年人家庭成員社會安全號碼 (SSN) 的最後四位元數字 _____

如果沒有 SSN，請選中

第 4 步 聯繫資訊和成年人簽名

“我證明（承諾）該申請表中的所有資訊都是真實的，而且所有收入均已報告。我明白，這些資訊的提供與獲得聯邦基金有關，而且學校官員可能會審核（審查）這些資訊。我明白，如果我故意提供虛假資訊，我的兒童可能會喪失校餐福利，而且我可能會被依照適用的州和聯邦法律起訴。”

街道地址（如可用） _____ 公寓號碼 _____

城市 _____ 州 _____ 郵遞區號 _____

日間電話和電子郵件（可選） _____

簽署表格成年人的列印姓名 _____ 成年人的簽名 _____ 今天的日期 _____

兒童收入來源	
兒童收入來源	示例
- 工作收入	- 兒童有賺取月薪或週薪的正規全職或兼職工作
- 社會保障 - 殘疾人救濟金 - 撫恤金	- 兒童失明或殘疾，接收社會保障福利 - 家長殘疾、退休或去世，他們的兒童享受社會保障福利
- 來自家庭之外人士的收入	- 朋友或家族成員定期給兒童零花錢
- 來自任何其他來源的收入	- 兒童接受來自私人養老基金，企業年金，或信託的定期收入

成年人收入來源		
工作收入	公共救濟金/贍養費/兒童撫養費	養老金/退休金/所有其他收入
- 月薪、週薪、獎金 - 個體經營的淨收入（農場或企業） 如果您在美國軍隊服役： - 基本工資和獎金（不包含戰鬥薪酬，FSSA 或私有化住房津貼） - 基地外住房、飲食或服裝津貼	- 失業救濟金 - 職工賠償 - 補助補充保障金 (SSI) - - 贍養費 - 兒童撫養費 - 老兵福利 - 罷工福利	- 社會保障（包括鐵路退休和黑肺病補助） - 私人養老金或殘疾福利 - 來自信託或財產的定期收入 - 年金 - 投資收益 - 賺得的利息 - 租金收入 - 來自外部家庭定期現金款項

我們需要瞭解有關兒童的種族和民族的資訊。該資訊很重要，有助於確保我們全面地服務於我們的社區。對這一部分的回答是可選的，不會影響兒童獲得免費或優惠校餐的資格。

民族（選擇一項）： 西班牙裔或拉丁裔 不是西班牙裔或拉丁裔

種族（選擇一項或多項）： 美洲印第安人或阿拉斯加原住民 亞洲人 黑人或非裔美國人 夏威夷原住民或其他太平洋島民 白人

Richard B. Russell 國立學校午餐行動要求該申請表中的資訊。您不必一定提供資訊，但如果您不提供資訊，我們則無法批准您的兒童享受免費或優惠校餐。您必須包含簽署該申請表成年人家庭成員社會安全號碼的最後四位元數字。當您以收養兒童的名義申請時，或當您列出補充營養援助計畫 (SNAP)、貧困家庭臨時援助 (TANF) 計畫或印第安人保護區食品分配計畫 (FDPIR) 的案號或您的兒童的其他 FDPIR 標誌時，或當您指出簽署該申請表的成年人家庭成員沒有社會安全號碼時，則不必填寫社會保障號碼的最後四位元數字。我們將使用您的資訊確定您的兒童是否有資格享受免費或優惠校餐，並管理和執行午餐和早餐計畫。我們可能會與教育、衛生和營養計畫共用您的資格資訊，以說明他們評估、籌資或確定他們的計畫的福利，以及與計畫評審的審核員和執法人員共用您的資格資訊，以說明他們調查違反計畫規則的情況。

據聯邦民權法和美國農業部 (USDA) 民權法規和政策，美國農業部 (USDA) 及其機構、辦事處和員工，以及參與或管理美國農業部 (USDA) 計畫的機構禁止在美國農業部 (USDA) 所開展或資助的任何計畫或活動中基於種族、膚色、國籍、性別、殘疾、年齡或報復或因之前民權活動的報復的歧視。

對於計畫的資訊需要其他交流方式（如盲文、大字本、錄音帶、美國手語等）的殘疾人士，應聯繫他們申請福利的機構（州或當地）。耳聾、聽力困難或語言障礙人士可通過聯邦中轉服務聯繫美國農業部 (USDA)，電話：(800) 877-8339。另外，計畫的資訊還可以英語以外的其他語言提供。

要投訴計畫的歧視，請填寫 USDA 計畫歧視投訴表格 (AD-3027)，此可訪問：http://www.ascr.usda.gov/complaint_filing_cust.html 或從 USDA 的任何辦事處獲得；另外也可致函 USDA 並在函中提供表格所需的所有資訊。要索取投訴表格，請致電 (866) 632-9992。通過以下方式向 USDA 提交您填寫的表格或函件：

郵寄： U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
傳真： (202) 690-7442；或者
電子郵件： program.intake@usda.gov
該機構是一家平等機會提供者。

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income		How often?				Household Size	Categorical Eligibility <input type="checkbox"/>		Eligibility:		
<input type="text"/>		Weekly	Bi-Weekly	2x Month	Monthly	<input type="text"/>	Free	Reduced	Denied		
<input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Determining Official's Signature	Date	Confirming Official's Signature				Date	Verifying Official's Signature			Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>			<input type="text"/>	