2022-2023 Application for Free and Reduced-Price School Meals or Free Milk Complete one application perhousehold. Please use a pen (not a pencil). □ New Applicant □ Previous Applicant 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) Homeless Definition of Household Ifastudent, Child's Name Write name of child's school, or "not in school" Foster Migrant, write in the grade Member. "Anyone who is Child living with you & shares income and expenses, even if not related." Check all that apply 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 Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid) Case Number: If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3) 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) A. Child Income How often? How often? Are you unsure what Sometimes children in the household earn or receive income. Please include the TOTAL income received by Child income Weekly Bi-Weekly 2xMonth Monthly Child income Weekly Bi-Weekly 2xMonth Monthly income to include all children listed in STEP 1 here. here? B. All Adult Household Members (including vourself) Flip the page and List all Household Members not listed in STEP1 (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 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. review the charts titled "Sources of Income" for How often? How often? How often? Public Assistance Farming/ Pensions/ more information. Child Support/Alimony Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Retirement/Other Income Weekly Bi-Weekly 2x Month Monthly Annually 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 **Total Household Members** Last Four Digits of Social Security Number (SSN) of Members section. Χ XX Χ Χ (Children and Adults) 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# Citv State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

INSTRUCTIONS: Sources of Income

Sources of Child Income Earnings from work	Sources of Income for Children		Sources of Income for Adults		
	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
Social Security O Disability Payments O Survivor's Benefits Income from person outside the household	A child has a regular full or part-time job where they earn a salary or wages 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 A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust	Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, F SSA or privatized housing allowances) Allowances for off-base housing, food and clothing	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments 	 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 	
PTIONAL: Children's Racial and	1 Ethnic	-			
e are required to ask for informati	on about your children's race and ethnicity. This in nal and does not affect your children's eligibility for		make sure we are fully serving	our community.	
, , ,	nic or Latino □ Not Hispanic or Latino merican Indian or Alaskan Native □ Asian	☐ Black or African American	☐ Native Hawaiian or Of	her Pacific Islander	
ivil Rights: Information if you ha	ave a complaint				
t have to give the information, but if you pals. You must include the last four digits of half of a foster child or you list a Suppler sistance for Needy Families (TANF) Pro DPIR) case number or other FDPIR ider ember signing the application does not half termine if your child is eligible for free or elunch and breakfast programs. We MA trition programs to help them evaluate, frogram reviews, and law enforcement office.	Lunch Act requires the information on this application. You do not, we cannot approve your child for free or reduced prices of the social security number of the adult household member if the social security number is not required when you apply of mental Nutrition Assistance Program (SNAP), Temporary gram or Food Distribution Program on Indian Reservations tiffier for your child or when you indicate that the adult house ave a social security number. We will use your information to reduced-price meals, and for administration and enforceme Y share your eligibility information with education, health, an und, or determine benefits for their programs, auditors for icials to help them look into violations of program rules.	large print, audiotape, America applied for benefits. Individuation through the Federal Relay Seavailable in languages other to found online at: How to File and the letter all of the information downward with the letter all of the information downward with the letter all of the information of the Assistantian Rights 1400 Independent washington, D.C. 20	can Sign Language, etc.), should cor als who are deaf, hard of hearing or he revice at (800) 877-8339. Additionally than English. of discrimination, complete the USDA if Complaint, and at any USDA office in requested in the form. To request a or letter to USDA by: Agriculture Int Secretary for Civil indence Avenue, SW 1250-9410	nication for program information (e.g. Braille, ntact the Agency (State or local) where they have speech disabilities may contact USDA or, program information may be made Program Discrimination Complaint Form, (AD-or write a letter addressed to USDA and provice a copy of the complaint form, call (866) 632-999	
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