## 2022-2023 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL H	lousehold Members who are infants, c	hildren, 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,					
Definition of <b>Household</b> Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in <b>Foster care</b> and children who meet the definition of <b>Homeless</b> , <b>Migrant or Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School</b> <b>Meals</b> for more information.				Building Name       Image: State	Grade         Foster Migrant, Child         Migrant, Runaway					
STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No										
If you answered NO > Con	nplete STEP 3. If you answered YES > Write a c	case number here then go t	to STEP 4 (Do not complete STEP 3) Case Number:	Writ	e only one case number in this space					
STEP 3 Report Ir	come for ALL Household Members	(Skip this step if you an								
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.		<b>ding yourself)</b> (including yourself) <b>even if t</b> l	AL gross income earned by all children listed in <b>\$</b> <b>hey do not receive income</b> . For each Household Memb m any source, write '0'. If you enter '0' or leave any fields <u>How often?</u> Public Assistance/	blank, you are certifying (promising) that there How often?						
The "Sources of Income for Children" chart will	Name of Adult Household Members (First and Last)		3i-Weekly 2x Month Monthly Child Support/Alimony Weekly E	Bi-Weekly 2x Month Monthly Pensions/Retirement/ All Other Income	Weekly Bi-Weekly 2x Month Monthly					
help you with the Child Income section.					$\bigcirc \bigcirc $					
The "Sources of Income for Adults" chart will help					$\bigcirc \bigcirc $					
you with the All Adult Household Members section.					$\bigcirc \bigcirc $					
	Total Household Members (Children and Adults)		Social Security Number (SSN) of ner or other adult household member		Check if no SSN					
STEP 4 Contact	information and adult signature	<b>Aail Completed Form</b>	To: INSERT YOUR SCHOOL/DISTRICT MAIL	ING ADDRESS HERE						
	on this application is true and that all income is reported. I eal benefits, and I may be prosecuted under applicable State		is given in connection with the receipt of Federal funds, and that sc	hool officials may verify (check) the information. I am av	vare that if I purposely give false					
Street Address (if available)	Apt#	City	State Zip	Daytime Phone and Email (optional)						
Printed name of adult completi	ng the form	Signature of adult completin	ng the form	Todav's date						

Today's date DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY. ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Per: DWeek DEvery 2 Weeks DTwice a Month DMonth DYear Total income: Food Stamps/Temporary Assistance Household size: Eligibility: □Free □Reduced □Denied Reason: Date withdrawn: Error Prone Application: Description: Vesion Version Versi Version Ver Date Approved/Denied: Confirming Official's Signature (For verification purposes only): Date:

## **Attachment E**

Date Received by LEA (LEA use only)

## INSTRUCTIONS Sources of Income

Sources of Inc	come 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     Supplemental Security Income (SSI)     Cash assistance from State or local government	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> </ul>	
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Net income from self- employment (farm or business)			
<ul><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military:		<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> </ul>	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>		
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	- Allowances for off-base housing, food and clothing	- Strike benefits	- 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. 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: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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.