## 2021-2022 Prototype Household Application for Free and Reduced Price

## **School Meals**

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

Apply online:

https://family.titank12.com/

STEP 1 List ALL F	lousehold Members who are infants, ch	ildren, and stude	ents up to and including	grade 12 (if more spaces a	re required for additional nam	es, 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	ently participate i		owing assistance progran	ns: SNAP, TANF, or FDPIR?	Grade  Student? Yes No  Adde the part of t			
	If NO > Go to STEP 3. If Y	ES > Write a cas	se number here then go to S	STEP 4 (Do not complete STE	Case Number:				
STEP 3 Report Inc	ome for ALL Household Members (Skip th					Write only one case number in this space			
Are you unsure what income to include here? Flip the page and review the charts titled "Sources	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.  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.  How often?  Public Assistance/ Child income  Weekly Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last)  Public Assistance/ Child support/Alimony Weekly Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last)  How often?  Public Assistance/ Child support/Alimony Weekly Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last)								
of Income" for more information.	Name of Adult Household Members (First and Last)	\$		<u> </u>	Weekly Bi-Weekly 2x Month Monthly	All Other Income Weekly Bi-Weekly 2x Month Monthly			
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.		\$		<ul><li>\$  </li></ul>		\$ 00000 \$ 00000 \$ 00000			
STEP 4 Contact in	Total Household Members (Children and Adults)  formation and adult signature. Mail Co	Primary Wage Ea	of Social Security Number (SSN rner or Other Adult Household	Member X X X		eck if no SSN			
"I certify (promise) that all information	on on this application is true and that all income is repor ose meal benefits, and I may be prosecuted under app Apt #	ted. I understand that	this information is given in connec		•	ck) the information. I am aware that if I purposely give			

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	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>			
-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			

Date

**Determining Official's Signature** 

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)  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	- 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	- 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

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and Ethnic Identities			
•	d to ask for information about your children's race and ethnicity. This infor this section is optional and does not affect your children's eligibility for fre	rmation is important and helps to make sure we are fully serving our community.		
Ethnicity (check Race (check one	American Indian or Alcalian Metica Acian	Black or African American		
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 12	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mont	thly x Eligibility:		
Total Income	Weekly Bi-Weekly 2x Month Monthly Household Size	Free Reduced Denied		

**Categorical Eligibility** 

Confirming Official's Signature

Date