

2021-2022 Household Application for Free and Reduced Price School Meals

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

Date received: _____

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.)

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Fc	Homeless, Migrant, Runaway
					Yes	No		

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

Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

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	2xMonthly	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			
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							
	\$					\$					\$							

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

OPTIONAL Children's Racial and Ethnic Identities

- Salary/wages, cash bonuses, or other income earned where they earn a salary or wages
- Net income from self-employment (sole proprietorship or partnership)
- Social Security retirement and black lung disability payments
- Supplemental Security Income for blind or disabled child
- Cash American Indian or Alaska Native benefits
- State or local government
- If you are in the U.S. Military:
 - Income from person outside the household
 - The Richard B. Russell National School Lunch Act
 - Basic pay and cash bonuses
 - Do NOT include combat pay
 - FSSA or privatized housing
 - Income from any other source
 - Allowance of base housing, food, and clothing
- Investment income
- Veteran's benefits
- Strike benefits
- A child receives regular income from a private pension fund that is not payments from outside household
- Families (TANF) Program or Food Distribution Program on Indian Reservations
- FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number

Black or African American Native Hawaiian or Other Pacific Islander White

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 child's eligibility for free or reduced price meals.

A friend or extended family member must provide this 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 provides the information.

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:

- 1.) 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.) e-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice a Month x 24; Monthly x 12 (*INCOME: If mixed frequency is listed on application, convert to "YEARLY").**

Total Income \$	How Often?					Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility			
	Weekly	Bi-Weekly	2xMonthly	Monthly	Annual			Free	Reduced	Denied	
Determining Official's Signature			Date		Confirming Official's Signature			Date		Verifying Official's Signature	