Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

nition of Household	Child's First Name		MI	Child's	s Last Name								Grade	Yes	<mark>udent?</mark> No			omele ⁄ligrar Runav
nber: "Anyone who is g with you and shares																Γ		
me and expenses, even t related."															$\overline{}$	yldd		F
dren in Foster care and ren who meet the															\dashv	all that apply		Ë
ition of Homeless, ant or Runaway are															<u> </u>	Check al		늘
ble for free meals. Read to Apply for Free and															<u> </u>	5		
ced Price School s for more information.																		
EP 2 Do any H	ousehold Members (including you) cu	rrently pa	articipate in	one or r	nore of the fo	llowing as	sistanc	e progr	ams: SN	AP, TANF	, or FDPI	R?						
	0 . 0750 0									Caso	Number:							
	If NO > Go to STEP 3.	YES >	Write a case	number h	<mark>nere then go to</mark>	STEP 4 (D	o <u>not cor</u>	nplete S	<u>TEP 3</u>)	Case	Number.			Write onl	y one ca	se num	per in this	spac
EP3 Report Inc	come for ALL Household Members (Skip	this step i	if you answe	ered Yes	to STEP 2)													
												Ho	w often?					
	A. Child Income								C	Child income	We	eklv Bi-Wee	kly 2x Month	n Monthly				
	Sometimes children in the household earn		income. Pleas	e include	the TOTAL inco	ome received	d by all		. г				LLY ZX IVIOITET	1 World lly				
			income. Pleas	e include	the TOTAL inco	ome received	d by all		\$					O				
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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 SecurityDisability PaymentsSurvivor'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							

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							

Date

OPTIONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This information about your children's race and ethnicity. This information is optional and does not affect your children's eligibility for free thinicity (check one): Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian	
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 neals. You must include the last four digits of the social security number of the adult household member who igns the application. The last four digits of the social security number is not required when you apply on lehalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary sasistance 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 nember signing the application does not have a social security number. We will use your information to letermine 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 substitution 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 idministering USDA programs are prohibited from discriminating based on race, color, national origin, sex, lisability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or unded 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	
nnual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mon How often? Weekly Bi-Weekly 2x Month Monthly Household Size	Eligibility: Free Reduced Denied

Annual I	Income	Conversion:	Weekly x 52,	, Every 2 Weeks	s x 26, Twice a	Month x 24 M	nonthly x 12
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