## 2016-2017 Application for Free and Reduced Price School Meals

Complete one applicat	ion per household. Please use a pen	(not a pencil).			Institution name			
STEP 1 List ALL	Household Members who are infants, ch	ildren, and stude	nts up to and includin	g grade 12 (if	more spaces are requ	ired for additional na	ames, attach another she	et 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. STEP 2 Do any H	Child's First Name		n one or more of the fo				Grade Student? Yes N	FUSICE Migrant,
	If NO > Go to STEP 3. If Y	<b>'ES &gt;</b> Write a cas	se number here then go to	o STEP 4 <u>(</u> Do <u>r</u>	not complete STEP 3)	Case Number:	Write only one	case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip tl	his step if you ansy	vered 'Yes' to STEP 2)					
Are you unsure what income to include here?	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.							
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Wor	k Weekly Bi-Weekly 2x Month		Public Assistance/ Child Support/Alimony Weekly	How often? Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income Wee	How often? kly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$	0 0 0	\$	0	0 0 0	\$	) $0$ $0$ $0$
The "Sources of Income for Children" chart will		\$	0 0 0	\$		0 0 0	\$	
help you with the Child Income section.		\$		<b>\$</b>		0 0 0	\$	
The "Sources of Income for Adults" chart will help		\$		○ \$		0 0 0	\$	
you with the All Adult Household Members section.		\$		<u> </u>		$\bigcirc$ $\bigcirc$ $\bigcirc$	\$	
	Total Household Members (Children and Adults)		of Social Security Number (S rner or Other Adult Househo				Check if no SSN	
	tion on this application is true and that all income is repo v lose meal benefits, and I may be prosecuted under app			ection with the rec	ceipt of Federal funds, and tha	t school officials may verify (c	heck) the information. I am aware	that if I purposely give
Street Address (if available)	Apt #	City		State	Zip	Daytime Phone and	Email (optional)	

Signature of adult

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

## **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.

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 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 sto 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	e Only								
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 How often? Eligibility:										
Total Income		Weekly Bi-Weekly	2x Month	Monthly	Household Size		Free Reduced Denied			
		0 0	0	$\bigcirc$	Categorical Eli	gibility 🗌	$\circ$ $\circ$ $\circ$			
Determining Official	s Signature	Date			Confirming Official's Signature	Date	Verifying Official's Signature	Date		