## **2017-2018 Prototype Household Application for Free and Reduced Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Definition of Household	Child's First Name	N	11	Child's L	ast Name								Gra	ade	Stu Yes	dent? No		Foster Child	Homeles Migrant, Runawa
ember: "Anyone who is ing with you and shares																	] [		
ome and expenses, even ot related."																	pply		
ildren in <b>Foster care</b> and Idren who meet the																	that a		
nition of Homeless, prant or Runaway are																	Check all that apply		
ble for free meals. Read to Apply for Free and																	δ		
uced Price School Is for more information.																			
EP 2 Do any H	lousehold Members (including you) cur	rently participate	in o	ne or mo	re of the fo	llowin	q assistar	nce pro	grams: Sl	NAP, T	ANF, or	FDPIR	?						
									0										
	If NO > Go to STEP 3. If	YES > Write a ca	ase n	umber her	e then go to	STEP	4 <u>(</u> Do <u>not c</u>	complete	<u>e STEP 3</u> )	C	ase Nu	mber:			Write only	v one ca	ase nun	nber in t	his space
EP 3 Report In	come for ALL Household Members (Skip	this step if you and	wer	ed 'Yes' t	o STEP 2)										Trite enig	,	loo man		ne opuot
		unio scepin you uni											How of	ften?					
	A. Child Income Sometimes children in the household earn of	or receive income. Pl	ease	include the	TOTAL inco	ome rec	eived by all	I		Child inco	ome	Week	y Bi-Weekly	1	Monthly				
	Household Members listed in STEP 1 here.		ouco						\$			0	0	$\bigcirc$	0				
ou unsure what	B. All Adult Household Members (in List all Household Members not listed in ST			oven if they	do not recei	ve inco	ne Forea		abold Memi	or listor	if they			report	total gros	se incor	ne (he	fore tax	(00)
me to include here?	for each source in whole dollars (no cents)			income fro	om any sourc					/ fields b	lank, yo						incom	ne to re	
the page and review					How often?		Dublic	Assistance			v often?	Monthly		sions/Ret		Weekly	1	v often?	nth Monthl
charts titled "Sources	Name of Adult Household Members (First and Last	) Earnings from W	ork	Weekly Bi-	Weekly 2x Month	Monthly		Support/Alii	mony Week	y Bi-Week		woruny	All C	Other Inco	ome	moonay	DI-Wee	,	$\sim$
charts titled "Sources come" for more	Name of Adult Household Members (First and Last	Earnings from W	ork	Weekly Bi-	Weekly 2x Month	Monthly		Support/Alii	mony Week	y Bi-Week			All C \$	Other Incc	ome	0		0	$\circ$
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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	<ul> <li>Salary, wages, cash bonuses</li> <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>	- Unemployment benefits - Worker's compensation	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> </ul>			
<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>		Supplemental Security Income (SSI)     Cash assistance from State or local government				
-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>				
-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	<ul> <li>Rental income</li> <li>Regular cash payments</li> <li>from outside household</li> </ul>			

**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.

	Hispanic or Latino					
Race (check one or more	e): American Indian	or Alaskan Native	Asian [	Black or African American	Native Hawaiian or Other Pacific Islander 🔲 White	Э

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 Conversion: Weekly x		Weeks	s x 26,	Twice a Month x 24 Monthly x 12		Eligibility:	
Total Income		2x Month	Monthly	Household Size	Free	Reduced Denied	
	$\circ$ $\circ$	0	0	Categorical Eligibility	0	00	
Determining Official's Signature	Date		c	Confirming Official's Signature Date	Ve	erifying Official's Signature	Date