2018-2019 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil)

Printed name of adult signing the form

Complete one applicat																								
STEP 1 List ALL	Household Members who are infants, cl	nildrer	n, and	student	s up to	and in	cluding	g grade	12 (if r	nore	spaces	are re	quired	l for	addit	ional	names	s, atta	ach a	nothe	sheet	of pa	oer)	
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			MI	Child's	s Last	Name											Grad	le	Stu Yes	dent? No	Check all that apply	Foster	Homeless Migrant, Runaway
STEP 2 Do any F	lousehold Members (including you) curi	ently	partici	pate in	one or i	nore c	of the fo	ollowing	g assis	tance	progra	ams: S	NAP,	TAN	F, or l	FDPIR	?							
	If NO > Go to STEP 3.	YES >	Write	a case	number	here th	en go to	STEP 4	4 <u>(</u> Do <u>no</u>	ot com	plete S	<u>TEP 3</u>)		Case	e Nun	nber:			V	Vrite onl	y one ca	se num	per in th	is space
STEP 3 Report In	come for ALL Household Members (Skip t	his ste	ep if you	u answe	red 'Ye	s' to ST	EP 2)																	
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STE all Household Members not listed in STE for each source in whole dollars (no cents) or	cludin EP 1 (in	ng your ncluding	r self) yourself)	even if t	hey do e from a	not recei	ive incor	ne. For (each F ou ente	r '0' or l		fields	ed, if	k, you		y Bi-Wee	me, re	Month I	otal gro		income		
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	F	Earnings fr	om Work	Weekly	_	y 2x Month	Monthly		ublic Ass nild Supp	stance/ ort/Alimon	y Weel			x Month	Monthly			ons/Retiner Incor		Weekly		1	h Monthly
of Income" for more information.		\$			0	0	0	0	\$			С)	0	0	\$				0	0	0	0
The "Sources of Income for Children" chart will		\$			0	0	0	0	\$			C)	0	0	\$				0	0	0	0
help you with the Child Income section.		\$			0	0	0	0	\$			C)	0	0	\$				0	0	0	0
The "Sources of Income for Adults" chart will help		\$				0	\bigcirc	0	\$			C)	0	0	\$				0	0	0	0
you with the All Adult		Ψ.	· _					_									Ψ							
you with the All Adult Household Members section.		\$ \$			0	0	0	0	\$			C)	0	0	\$				0	0	0	
Household Members section.	Total Household Members (Children and Adults) nformation and adult signature. Mail C	\$ Las	imary Wa	Digits of S age Earne	er or Othe	r Adult I	Househol	ld Memb	er	X X		X X	ESSI) -	0	0	\$	k if n	o SSN		0	0	0	0
Household Members section. STEP 4 Contact i "I certify (promise) that all informa	(Children and Adults) Information and adult signature. Mail Common this application is true and that all income is repo	\$ Las	eted Founderstan	orm To:	INSER	r Adult I	JR SCH	Id Membe	er DISTRIC	CT MA	ILING	ADDR			_	O ay verify	\$			on. I am	aware that	t if I pur	O posely g	ve
Household Members section. STEP 4 Contact i "I certify (promise) that all informa	(Children and Adults) nformation and adult signature. Mail C	\$ Las	eted Founderstan	orm To:	INSER	r Adult I	JR SCH	Id Membe	er DISTRIC	CT MA	ILING	ADDR			_	ay verify	\$			on. I am	aware that	t if I pur	posely g	ve
Household Members section. STEP 4 Contact i "I certify (promise) that all informa	(Children and Adults) Information and adult signature. Mail Common this application is true and that all income is repo	\$ Las	eted Founderstan	orm To:	INSER	r Adult I	JR SCH	Id Membe	er DISTRIC	CT MA	AILING ederal fur	ADDR	nat scho	ool offi	cials m		\$	the in	formatio	on. I am	aware tha	t if I pur	posely g	ve

Today's date

Signature of adult

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	 - 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									

Sources of Income for Adults									
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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Pagular income from							
Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income 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 inf Responding to this section is optional and does not affect your children's eligibility for f	
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 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	52. Ev	verv 2	Weeks	s x 26.	Twice a Month x 24 Monthly x 12					
,	- ,	-	often?		,		Е	ligibility	/:	
otal Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size	F	ree F	Reduced	Denied	
	0	0	0	0	Categorical Eligibility] (C	\bigcirc	0	
Determining Official's Signature		Date			confirming Official's Signature Date		Verif	fying C	Official'	s Signature