STEP 1	List ALL H	ousehold Members who are infants, children, a	and students up to a	nd including g	rade 12 (if more s	paces are re	quired for add	litional names, attach anot	her sheet of paper)					
Definition of House Member: "Anyone v	ne who is	Child's First Name	МІ	Child's La	st Name				(irana	Student? Homeles Foster Migrant, ces No Child Runawa				
living with you an income and expe if not related." Children in Foste children who med definition of Hom Migrant or Runa eligible for free m How to Apply for Reduced Prices Meals for more in	er care and et the neless, away are neals. Read or Free and School									Check all that apply				
STEP 2	Do any Ho	ousehold Members (including you) currently pa	rticipate in one or m	ore of the follo	wing assistance	programs: SI	NAP. TANF. o	r FDPIR?						
		If NO > Go to STEP 3.	ES > Write a case	number here	then go to STEP	4 <u>(</u> Do <u>not co</u>	omplete STEF	Case Number		only one case number in this space				
STEP3	Report In	come for ALL Household Members (Skip th	nis step if you answ	ered 'Yes' to	STEP 2)									
Are you unsure v		A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members (inc.)		se include the	TOTAL income red	ceived by all		Child income \$	How often? Yeekly Bi-Weekly 2x Month Monthly					
here? Flip the page and review the charts "Sources of Incor	s titled	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 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 how often? How often? Name of Adult Household Members (First and Last) Earnings from Work Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly							ere is no income to report. Pensions/Retirement	How often?				
for more information	ation.	That are Easy	\$	0 0	0 0	\$		0 0 0 0	\$	Weekly Bi-Weekly 2x Month Month				
The "Sources of Income for Childr chart will help yo	ren"		\$	0	0 0	\$		0 0 0 0	\$	0000				
with the Child Inc section.			\$	0	0 0	\$		0 0 0 0	\$	0 0 0 0				
The "Sources of Income for Adults chart will help yo with the All Adult	s"		\$	0 (0 0	\$		0 0 0 0	\$	0 0 0 0				
			\$	0	0 0	\$		0 0 0 0	\$	0 0 0 0				
STEP 4	Contact info	Total Household Members (Children and Adults) rmation and adult signature. email Complete	Last Four Digits of S Primary Wage Earne	r or Other Adult I	, ,	X	ххх	X	Check if no SSN					
"I certify (promise) the	hat all informat	ion on this application is true and that all income is repor lose meal benefits, and I may be prosecuted under appl	ted. I understand that th	is information is g	given in connection w	th the receipt of	f Federal funds,	and that school officials may ve	rify (check) the information. I a	m aware that if I purposely give				
	,y	,, 20 processes and appr												
Street Address (if av	vailable)	Apt #	City		State		Zip	Daytime Phone an	d Email (optional)					
Printed name of adult signing the form			Signature of ad	Signature of adult					Today's date					

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					

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: - Basicpay and cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	- 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 Rental income Regular cash payments from outside household

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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 eliqibility for free or reduced price meals.

Ethnicity (check one): Race Hispanic or Latino Not Hispanic Not

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.

How often?

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 complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>How to File a Complaint</u>, 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;
- 2. Fax: (202) 690-7442;
- 3. Email: <u>program.intake@usda.gov</u>.

This institution is an equal opportunity provider.

Eligibility:

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

	Weekly	Bi-Weekly	2x Month	Monthly					
Total Income					Household Size		Free	Reduced	De
	0	0	0	0		Categorical Eligibility	0	0	(

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date