## **2017-2018 Prototype 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	M	I Chil	d's Last Na	me						Gra	ade	Studen Yes	? No	Foster Child	Homele Migran Runaw
<b>ber</b> : "Anyone who is with you and shares																
and expenses, even elated."														apply		
n in <b>Foster care</b> and who meet the														all that a		
on of Homeless, nt or Runaway are														Check al		
for free meals. Read Apply for Free and														5		
ed Price School or more information.																
P 2 Do anv H	lousehold Members (including you) curre	ently participate	in one o	r more of th	e following	assista	ance pro	orams: SN	AP. TA	NF. or FDPI	<b>R</b> ?					
										,						
	If NO > Go to STEP 3. If Y	ES > Write a cas	se numbe	er here then g	go to STEP 4	1 <u>(</u> Do <u>not</u>	complete	<u>STEP 3</u> )	Ca	se Number:						
					- >							VVr	ite only on	e case nu	mber in t	nis spa
P3 Report In	ncome for ALL Household Members (Skip th	hisstep if you ans	wered '\	es' to STEP?	2)											
	A. Child Income								Child incom	ne Wee	How o	ften? 2x Month Mor	nthly			
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Ple	ase inclu	de the TOTAL	. income rece	eived by a	all	\$			$) \cap$	$\bigcirc$				
	B. All Adult Household Members (inc	luding yourself)						•								
u unsure what to include here?	List all Household Members not listed in STEF for each source in whole dollars (no cents) on															
e page and review		Earnings from Wor		How ofter	n?	Pub	lic Assistance	/	How o	often?	Per	nsions/Retiren	nent/	He	ow often?	
nts titled "Sources me" for more	Name of Adult Household Members (First and Last)	\$	rk Wee	KIY BI-Weekiy 2X I	Month Monthly	\$	d Support/Alir	nony Weekly	Bi-Weekly	2x Month Monthly	\$	Other Income		eekly Bi-We	ekly 2x Mo	
mation. "Sources of Income		•							0							
Iren" chart will I with the Child		\$			50	\$			0	0 0	\$					
section.		\$		) 0 0	$\circ$	\$		0	0	0 0	\$		(	$\mathcal{O}$	$) \circ$	<u> </u>
e "Sources of Income Adults" chart will help a with the All Adult		\$		$) \circ ($	O C	\$		0	$\bigcirc$	$\bigcirc$ $\bigcirc$	\$		(	С	$)$ $\bigcirc$	) C
ld Members		\$			0 0	\$		0	0	0 0	\$			D C		) C
					r (SSN) of				1							
	Total Household Members (Children and Adults)	Last Four Digits o Primary Wage Ea				er )	x x	X X			Check if	no SSN				
										-						
P 4 Contact i	information and adult signature. Mail Co	ompleted Form	To: INSE	ERT YOUR S	SCHOOL/D	ISTRIC	TMAILIN	IG ADDRE	SS HE	<u> </u>						
promise) that all information	tion on this application is true and that all income is repor / lose meal benefits, and I may be prosecuted under appl			ation is given in o	connection with	the receip	ot of Federal	funds, and th	at school o	fficials may veri	y (check) the	information	. I am awar	e that if I p	ourposely	give
. ,																
. ,																
rmation, my children may	Apt #	City			State		Zip		Da	/time Phone a	nd Email (o	ptional)				
. ,	Apt #	City			State		Zip		 Day	/time Phone a	nd Email (o	ptional)				

Sources of Ind	S	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> </ul>	<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>		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	- Basic pay and cash bonuses (do NOT include combat pay,	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	trusts or estates - Annuities - Investment income - Earned interest		
-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.

Ethnicity (check one):	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 🛛 W	hite

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, Every 2 Weeks x 2 How often?	6, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Month	Household Size	Free Reduced Denied	
	0 0 0 0	Categorical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date