## 2019-2020 Application for Free and Reduced Price School Meals

Printed name of adult signing the form

Complete one application per household. Please use a pen (not a pencil). INCOMPLETE APPLICATIONS WILL BE DENIED.

\*\*If you received notification this school year that your child(ren) is approved for free meals – do NOT complete this form.

Today's date

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Homeless Student? Foster Migrant, Child's First Name MI Child's Last Name School & District Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even all that apply 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 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR Case Number: If NO CASE NUMBER > Go to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3) STEP 3 Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2) How often? A. Child Income Weekly Bi-Weekly 2x Month Monthly 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) Are you unsure what income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Earnings from Work Bi-Weekly 2x Month | Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last) Weekly Weekly of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. \$ The "Sources of Income for Adults" chart will help you with the All Adult Household Members section **Total Household Members** Last Four Digits of Social Security Number (SSN) of (Children and Adults) Χ Primary Wage Earner or Other Adult Household Member Check if no SSN STEP 4 Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Street Address (if available) Daytime Phone and Email (optional) Apt # City State Zip

Signature of adult

Date

**Determining Official's Signature** 

Sources of Income for Children			Sources of Income for Adults			
Sources of Child Income	Example(s)	Eari	nings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work  - Social Security - Disability Payments - Survivor's Benefits	<ul> <li>- A child has a regular full or part-time job where they earn a salary or wages</li> <li>- A child is blind or disabled and receives Socious Security benefits</li> <li>- A Parent is disabled, retired, or deceased, ar their child receives Social Security benefits</li> </ul>	bonuses - Net incoremploymer	<ul> <li>Net income from self- employment (farm or</li> </ul>	- 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	
-Income from person outside the househo	· · · · · · · · · · · · · · · · · · ·	- Basic pay				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privallowances) - Allowance				
OPTIONAL Children's Racial and I	Ethnic Identities					
Ethnicity (check one): Hispanic or Race (check one or more): America	Latino Not Hispanic or Latino n Indian or Alaskan Native Asian		can American	Native Hawaiian or Other		
Race (check one or more): Americal Americal The Richard B. Russell National School Lunch not have to give the information, but if you do not, neals. You must include the last four digits of the socion includes the application. The last four digits of the socion includes the application. The last four digits of the socion includes the application of a foster child or you list a Supplemental I was included for Needy Families (TANF) Program of FDPIR) case number or other FDPIR identifier for nember signing the application does not have a seletermine if your child is eligible for free or reduce the lunch and breakfast programs. We MAY share nutrition programs to help them evaluate, fund, or wrogram reviews, and law enforcement officials to the accordance with Federal civil rights law and U.S. and policies, the USDA, its Agencies, offices, and idministering USDA programs are prohibited from	Act requires the information on this application. You do we cannot approve your child for free or reduced price cial security number of the adult household member who al security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household ocial security number. We will use your information to d price meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules.  Department of Agriculture (USDA) civil rights regulations	Persons w large print, applied for through th available ir <b>To file a pr</b> Form, (AD office, or w form. To r USDA by: mail:	ith disabilities who requadiotape, American Sebenefits. Individuals we Federal Relay Servan languages other than I rogram complaint of do-3027) found online at: write a letter addressed request a copy of the country. Department of A	ire alternative means of communicate Sign Language, etc.), should contact ho are deaf, hard of hearing or have idea at (800) 877-8339. Additionally English.  Iliscrimination, complete the USDA Fintp://www.ascr.usda.gov/complaint_to USDA and provide in the letter all complaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights Exercise SW 250-9410	ion for program information (e.g. Braille, the Agency (State or local) where they e speech disabilities may contact USDA y, program information may be made  Program Discrimination Complaint filing_cust.html, and at any USDA	
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Confirming Official's Signature

Date

Verifying Official's Signature

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