## 2021-2022 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Definition of Househo	ld	Child's First Name			MI	Child's	s Last	Name									Gra	ade	Stud Yes	dent? No		Foster	Homeless Migrant, Runawa
Member: "Anyone wh living with you and sha	ois \																				Γ		
income and expenses, even if not related."  Children in Foster care and shildren who most the												$^{\perp}$									pply		
												+									all that apply		<del>-</del>
children who meet the definition of Homeles Migrant or Runaway	<b>i</b> ,							$\perp$											Ш	Ш	ck all	Ш	
eligible for free meals. Rea  How to Apply for Free an																					Check		
Reduced Price Scho Meals for more inform	ol /																						
STEP 2 Do	any U	ousehold Members (including	vou) currently	v parti	sinata i	2 020 0	r mor	of the	follow	ing acc	istans	o pr	arame	· CNA	D TAN	E or ED	DID2						
DO	апу п	ousenoid Members (including	you) currently	y parud	sipate i	i one o	THOR	or the	HOHOW	illy ass	Stanc	e pro	ograms	. SNA	r, IAN	r, oi FD	rikt						
		If NO > Go to STEP 3.	If YES > \	Write a	case nui	mber he	re then	go to S	STEP 4 (	Do not co	omplet	te STI	<u>EP 3</u> )	C	Case Nu	ımber:							
																		•	Write only	one ca	se num	ber in th	is space
STEP 3 Re	ort In	come for ALL Household Mem	bers (Skip thi	is step	if you a	inswere	ed 'Ye	s' to S	TEP 2)														
		A. Child Income												Child inc	ome	Weekl	How of y Bi-Weekly		Monthly				
		Sometimes children in the househo Household Members listed in STEF		e incom	e. Please	include	the TO	TAL inco	ome rece	ived by a	I		\$				0	0	0				
		B. All Adult Household Memi	bers (includin	ıq your	self)								•										
Are you unsure what income to include here	?	List all Household Members not list for each source in whole dollars (no	ed in STEP 1 (in	cluding	yourself)																		
Flip the page and revi		(	, .	•				often?		Pub	ic Assist	ance/			w often?		Per	nsions/Re	tirement/			often?	
the charts titled "Source of Income" for more	es	Name of Adult Household Members (First	r und Edot)	Earnings fr	om vvork	Weekly	Bi-Weel	2x Month	Monthly		d Suppor	rt/Alimo	ny Weel	ly Bi-Week	y 2x Mor	nth Monthly		Other Inco	ome	Weekly	Bi-Wee	dy 2x Mor	ith Monthl
information.		1																				$\circ$	
The "Sources of Incor	ne.		\$						0	\$		+					\$						
The "Sources of Incor for Children" chart will help you with the Chil			\$			0	0	0	0	\$				0		0	\$			0	0	0	
for Children" chart will help you with the Child Income section.	ı					0	0	0	0	· L					0	0	, t			0	0	0	0
for Children" chart will help you with the Child Income section. The "Sources of Incor for Adults" chart will h	l ne		\$			0	0	0	0	\$						0	\$			0	0	0	0
for Children" chart will help you with the Child Income section.  The "Sources of Incor for Adults" chart will h you with the All Adult Household Members	l ne		\$   \$   \$			0 0 0	0 0	0	0 0 0	\$						0 0	\$			0	0	0	0
for Children" chart will help you with the Child Income section.  The "Sources of Incor for Adults" chart will h you with the All Adult	l ne		\$			0 0	0 0	0 0	0 0	\$ \$						0 0 0	\$ \$ \$			0 0	0	0	0
for Children" chart will help you with the Child Income section.  The "Sources of Incor for Adults" chart will h you with the All Adult Household Members	l ne	Total Household Members (Children and Adults)	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$			O O O O O O O O O O O O O O O O O O O				\$ \$ \$ \$	X	X				0 0 0	\$ \$ \$	no SSN		0 0	0	0	0
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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	<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>					
-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)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and clothing	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

OPTIONAL	Children's Racial and Ethnic Identities	
•	this section is optional and does not affect your children's eligibility for free one):  Hispanic or Latino  Not Hispanic or Latino	nation is important and helps to make sure we are fully serving our community. or reduced price meals.  ack or African American  Native Hawaiian or Other Pacific Islander  White
not have to give the meals. You must incisigns the application behalf of a foster ch Assistance for Need (FDPIR) case number signing the determine if your chitle lunch and break nutrition programs to program reviews, and In accordance with financial policies, the US administering USDA disability, age, or refunded by USDA.	Issell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who in. The last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations over or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of sast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, apprisal or retaliation for prior civil rights activity in any program or activity conducted or	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.
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 Eligibility: How often? sehold size

Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household size	
		0	$\circ$	$\bigcirc$		Catego
Determining Official's Signature		ate		(	Confirming Officia	l's Signature

**Categorical Eligibility** 

Free	Reduced	Denied
0	0	0

Date Verifying Official's Signature

	Date	