Printed name of adult signing the form

STEP 1 List ALL	Household Members who are infants, c	hildren, and stu	dents up to	and includi	ng grade	12 (if m	ore spac	es are i	equire	d for add	ditional	l name:	s, attach a	nother s	sheet	of pape	er)
Definition of Household	Child's First Name	М	I Child's L	ast Name								Grad	de Y	Student? es No		Foster 1	lomeless Migrant, Runaway
Member: "Anyone who is living with you and shares																	
income and expenses, even if not related."											+			1	apply		
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															that a		=
															Check all that	<u> </u>	<u></u>
														Ш	٥	Ш	Ш
Reduced Price School Meals for more information.															L		
STEP 2 Do any I	Household Members (including you) cur	rently participat	e in one or r	nore of the	following	assista	ance prog	rams:	SNAP,	TANF, o	r FDPII	R?					
	If NO > Go to STEP 3. If YE	ES > Write a case	number bere	than go to S	FED 4 (Do	act com	oloto STEF	2)	Cas	se Numb	er:						
	IINO > GO IO STEF 3. II FE	:5 > Write a case	number nere	inen go to s	IEP 4 (<u>DO</u>	iot com	piete STEF	<u>' 3</u>)					Write o	only one ca	ase num	ber in th	is space
STEP 3 Report I	ncome for ALL Household Members (Ski	ip this step if yo	ou answered	'Yes' to ST	EP 2)												
	A. Child Income									Г		How ofte		1			
	Sometimes children in the household earn or r Household Members listed in STEP 1 here.	eceive income. Ple	ease include the	TOTAL inco	me received	by all		\$	nild incom	e	Weekly B	Si-Weekly 2	Monthly Monthly				
Are you unsure what	B. All Adult Household Members (incl List all Household Members not listed in STER			/ do not recei	ve income.	or each	Household	,	· listed. if	thev do r	eceive ir	ncome. r	eport total q	oss incor	ne (bef	ore taxe	s)
income to include here?	for each source in whole dollars (no cents) on	(0,	,	,		If you en	ter '0' or lea		,	nk, you ar		ng (pron	nising) that t	here is no	incom		,
Flip the page and review the charts titled "Sources				HOW OILCH:		Dublic A	ssistance/	Weekly E		item:			ions/Retirement ther Income	Weekly		y 2x Month	Monthly
the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Wo	ork Weekly B	i-Weekly 2x Month	Monthly	Child Su	pport/Alimony	vveekiy	oi-vveekiy	2x Month Mo	nthly	All O	aner inteeme	,			\bigcirc
	Name of Adult Household Members (First and Last)	\$	Weekly B	i-Weekly 2x Month			pport/Alimony	O Veekly E	O	2x Month Mo	nthly	\$		0	0	0	
the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will	Name of Adult Household Members (First and Last)		Weekly B	i-Weekly 2x Month	0	Child Su	pport/Alimony	O		2x Month Mo	nthly			0	0	0	0
the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section.	Name of Adult Household Members (First and Last)	\$	veekly B	-Weekly 2x Month	0	Child Su	pport/Alimony	O	O	2x Month Mo		\$		0	0	0	0
the charts titled "Sources 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	Name of Adult Household Members (First andLast)	\$ \$	weekly B	-Weekly 2x Month	0	\$ Child Su	pport/Alimony	O O		2x Month Mo		\$		0	0	0	0
the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income	Name of Adult Household Members (First and Last)	\$	weekly B	-Weekly 2x Month	0 0 0	Child Su	pport/Alimony			2x Month Mo		\$ \$ \$		0 0	0 0 0	0 0 0	0 0
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the charts titled "Sources 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		\$	of Social Securi	ty Number (SS	O O O O O O O O O O O O O O O O O O O	Child Su				2x Month Mo		\$ \$ \$			0 0 0	0 0 0	0 0
the charts titled "Sources 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	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	of Social Securi	ty Number (SS	O O O O O O O O O O O O O O O O O O O	Child Su		0 0 0		2x Month Mo		\$			0 0 0	0 0 0	0 0
the charts titled "Sources 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 (Children and Adults) Information and adult signature tion on this application is true and that all income is report	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	of Social Securiarner or Other A	ty Number (SS	SN) of d Member	Child Su \$	X X	0 0 0 0 0 x x x	0 0 0	0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	no SSN		O O	O O O O O O O O O O O O O O O O O O O	O O
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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 SecurityDisability PaymentsSurvivor'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)	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
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	 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

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information Responding to this section is optional and does not affect your children's eligibility for free a visual identification of the child's race and ethnicity will be made.	
Ethnicity (check one):	Black or African American
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.	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; or
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, (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.	fax: (833) 256-1665 or (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 26, Twice a Month x 24 Monthly x 12 Eligibility: How often? **Total Income** Weekly Bi-Weekly 2x Month Monthly Household size Free Reduced Denied Categorical Eligibility Date Determining Official's Signature Confirming Official's Signature Date Verifying Official's Signature Date