2016-2017 LCSD #2 Application for Free & Reduced Price Meals

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

Definition of Household	Child's First Name	MI	Child's Last Name			Grade	Student Yes I	t? No	Foster Migrant, Child Runaway
Member: "Anyone who is living with you and shares									
income and expenses, even if not related."									
Children in Foster care and								all that apply	
children who meet the definition of Homeless, Migrant or Runaway are								Check all	
eligible for free meals. Read How to Apply for Free and]	
Reduced Price School Meals for more information.									
STEP 2 Do any l	Household Members (including you) current	tly participate in	one or more of the following	assistance program	ns: SNAP TANE or EDDI	22			
OTEL E BO any I	Tousehold Members (including you) current	ily participate in	one of more of the following	assistance program	is. SNAF, TANI, OF DEI	V:			
	If NO> Go to STEP 3.	> Write a case nu	umber here then go to STEP 4 (I	Do <u>not complete STEF</u>	Case Number:				
							Write only on	ie case num	per in this space
STEP 3 Report Ir	ncome for ALL Household Members (Skip this	step if you answe	red 'Yes' to STEP 2)						
	A. Child Income				Child income Wee	How often?	Monthly		
	Sometimes children in the household earn or rec Household Members listed in STEP 1 here.	ceive income. Pleas	e include the TOTAL income rece	ved by all	\$	00	0		
	B. All Adult Household Members (included the control of the contro	,	and the second second second		Marchael Colon Col		1.1.1		(
Are you unsure what income to include here?	List all Household Members not listed in STEP 1 for each source in whole dollars (no cents) only.								
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Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Re All Other Inc	etirement/	How	often? y 2x Month Monthly
	Name of Adult Household Members (First and Last)	•	How often?	Public Assistance/	How often?	Pensions/Re	etirement/	How	often?
the charts titled "Sources of Income" for more information. The "Sources of Income	Name of Adult Household Members (First and Last)	Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Re All Other Inc	etirement/	How	often?
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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	 - 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		

Date

Determining Official's Signature

Sources of Income for Adults						
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: - Basic pay and cash bonuses (do NOT include combat pay,	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				
FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike beliefits	- Rental income - Regular cash payments from outside household				

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to the Ethnicity (check	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino	mation is important and helps to make sure we are fully serving our community. e or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the meals. You must inc signs the application. behalf of a foster ch Assistance for Need (FDPIR) case numb member signing the determine if your ch the lunch and break nutrition programs to program reviews, ar In accordance with F and policies, the US administering USDA	ssell 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 are the last four digits of the social security number is not required when you apply on ild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary by Families (TANF) Program or Food Distribution Program on Indian Reservations her 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 ild is eligible for free or reduced price meals, and for administration and enforcement of fast 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 and Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, prisal 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.
Do not fill ou	t For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthl	Poly x12 Eligibility:

Categorical Eligibility

Confirming Official's Signature

Date