2023-2024 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at

	STEET LEISTALLE HOUSCHOIG HICH DEIS WHO ATCHITAIUS, CHIIGTEH, AHU	, cullaren		ients, up	to and in	cluding G	students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)	more spac	ces are re	equired 1	for addit	tional na	ames, at	ttach an	other she	et of pap	per)
Definition of Household Ch	Child's First Name	M	Chil	Child's Last Name	Name		School Name	Name		Grade	Birth Date	-	Student?		Foster	Homeless,	ess,
is living with you and shares income and ex-													Yes No		Child	Runaway	vay
Children in foster care														lqqs ts			
and children who meet the definition of home-														d) lls			
less, migrant, or runaway are eligible for free meals.														уреск			
Read How to Apply for Free and Reduced-Price														<u> </u>			
School Meals for more information.																	
STEP 2 Do any household members (including you) currently parti	bers (including you)	currently		te in one	or more	cipate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?	owing assi	stance pr	ograms:	SNAP, 1	TANE, o	r FDPIK	3.5				
If No, go to STEP 3. If Yes, wr	If Yes, write a case number here, then go to	ere, then į		EP 4. (b	o not co	STEP 4. (Do not complete STEP 3.)	IEP 3.)			S	Case Number:		rite only o	one case m	Write only one case number in this space.	s space.	
STEP 3 Report income for ALL household members (Skip this step	household members	(Skip this		ou answe	red YES	if you answered YES to STEP 2)											
Are you unsure what income to include here? Flip the page, and review the charts titled Sources of Income for more information.	 Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here. 	in the house household	shold earn listed in ST	earn or receive in STEP 1 here.	income. F	Jease includ	e the TOTA	L income r	eceived	\$	Child Income	me	Weekly	How Often Bi- 2x weekly Month	en Monthiy		
The Sources of Income for Children chart will help you with the Child Income B. section.	. All Adult Household Members (Including Yourself) List all household members not listed in STEP 1 (including	d Members	(Includin	g Yourself EP 1 (inch) uding vour	uding Yourself) in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, repor	f they do no	t receive in	come. Fo	r each ho	usehold n	nember li	sted. if b	Colored doe	D D	income, re	epor
The Sources of Income for Adults chart will help you with the All Adult House Members section.	gross income (before taxes) 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.	taxes) for e	each source is no incor	ource in whole do	dollars (no	cents) only.	If they do n	ot receive i	ncome fro	m any sou	urce, writ	e 0. If yo	u enter 0	or leave	any fields	blank, you	u ar
	Earnings From		How Often	l e		Public Assistance/	F	H	How Often		P	Pensions/Retire-	Ħ		How Often	en	
Names of Adult Household Members (First and Last)	Work	Weekly	Bi- 2x weekly Month	x Monthly ath	ž.	Child Support/ Alimony	ort/ Weekly	kly Bi- weekly	2x y Month	Monthly		ment/All Other Income		Weekly	Bi- weekly M	$\begin{vmatrix} 2x & Month \\ Month \end{vmatrix}$	Monthly
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	S				∽						∽						
Total Household Members (Children and Adults)	nd Adults)	Last Four Dig of Primary W	ur Digits o arv Wage I	f Social Se	 curity Nur wher Adult	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Member	XXXXX	X				Check if	Check if No SSN			
STEP 4: Contact information and adult signature	adult signature	Mail Co	mpleted	Form to:	Insert Y	Mail Completed Form to: Insert Your School District Mailing Address Here	l District M	failing Aa	ldress Ho	re							
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.	cation is true and that all income nay be prosecuted under applicab	is reported. I unle state and fede	nderstand that rral laws.	this information	on is given in	connection with	the receipt of fe	deral funds and	d that school	officials may	verify (chec	k) the inforn	nation. I am	n aware that	if I purposely	give false in	nfor-
Street Address (if available)		Apt# Ci	City		State	Zip Code	Dayti	Daytime Phone and E-Mail (Optional)	E-Mail (Opti	onal)							
Printed Name of Adult Signing the Form			Signatur	Signature of Adult						- 1º	Foday's Date						

NSTRUCTIONS Sources of Income

F_6	Sources of C	Sources of Child Income		Sources of Income for Adults	
30	Sources of Child Income	Example(s)	Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other
	Earnings from work	A child has a regular full- or	• Salary, wages, cash bonuses	Unemployment benefits	 Social Security (including
		part-time job where he/she earns a	• NET income from self-	 Worker's compensation 	railroad retirement and bl
		salary or wages	employment (farm or business)	 Supplemental Security Income (SSI) 	lung benefits)
	 Social Security 	A child is blind or disabled and	If you are in the U.S. Military:	 Cash assistance from state or local 	 Private pensions or disab
(—Disability payments	receives social security benefits	Basic pay and cash bonuses	government	benefits
۔۔ الا	—Survivor's benefits	 A parent is disabled, retired, 	(do NOT include combat pay,	 Alimony payments 	Regular income from trus
ah		or deceased, and his/her child	FSSA, or privatized housing	 Child support payments 	estates
Ωn		receives social security benefits	allowances)	 Veteran's benefits 	 Annuities
าล	 Income from persons OUTSIDE 	A friend or extended family	 Allowances for off-base housing, 	 Strike benefits 	 Investment income
St	the household	member REGULARLY gives a	food, and clothing		 Earned interest
ate		child spending money			 Rental income
ъ Г	 Income from any other source 	 A child receives income from a 			REGULAR cash paymen
)er		private pension fund, annuity, or			from outside household
ar		trust			

r Income

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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.

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Not Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Asian 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 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 MAY share your eligibility information with education, health, and nutrition programs to reviews, and law enforcement officials to help them look into violations of program rules. (FDPIR) case number or other FDPIR identifier for your child or when you indicate that meals, and for administration and enforcement of the lunch and breakfast programs. We Needy Families (TANF) Program or Food Distribution Program on Indian Reservations help them evaluate, fund, or determine benefits for their programs, auditors for program The Richard B. Russell National School Lunch Act requires the information on this ☐ Hispanic or Latino Race (Check One or More): Ethnicity (Check One):

Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or fax: (833) 256-1665 to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail. pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the made available in languages other than English. Persons with disabilities who require alternative means of communication complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant 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

			Date	
Eligibility: Bree Beduced Denied	parray and	-	Verifying Official's Signature	
		Caregorical Eligibility	Date	
	Household Size		Confirming Official's Signature	
How Often?	Annually Bi-Weekly 2 x Month Monthly		e Date	
	otal Income		Oetermining Official's Signature	