## 2019-2020 Application for Free and Reduced Price School Meals or Free Milk Complete one application perhousehold. Please use a pen (not a pencil). □ New Applicant □ Previous Applicant 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 Definition of Household If a student, Child's Name Write name of child's school, or "not in school" Foster Migrant, write in the grade Member. "Anyone who is Child living with you & shares income and expenses, even if not related." all that 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 Reduced Price School Meals for more information. STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid) Case Number: If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income How often? How often? Are you unsure what Sometimes children in the household earn or receive income. Please include the TOTAL income received by Child income Weekly Bi-Weekly 2xMonth Monthly Child income Weekly Bi-Weekly 2xMonth Monthly income to include all children listed in STEP 1 here. here? B. All Adult Household Members (including vourself) Flip the page and List all Household Members not listed in STEP1 (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) for each source in whole dollars 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. review the charts titled "Sources of Income" for How often? How often? How often? Public Assistance Farming/ Pensions/ more information. Child Support/Alimony Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly Retirement/Other Income Weekly Bi-Weekly 2x Month Monthly Annually 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 **Total Household Members** Last Four Digits of Social Security Number (SSN) of Members section. Χ Χ Χ (Children and Adults) Primary Wage Earner or Other Adult Household Member Check if no SSN **STEP 4**: Contact information and adult signature. "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."

State

Zip

Printed name of adult completing the form

Street Address (if available)

Signature of adult completing the form

City

Apt#

Today's date

Daytime Phone and Email (optional)

## **INSTRUCTIONS:** Sources of Income

Determining Official's Signature

Date

Oddrocs	s of Income for Children	Source	ces of Income for Adults	6
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony /	Pensions / Retirement / All Other Income
<ul> <li>Earnings from work</li> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<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 Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from selfemployment (farm or business)</li> <li>If you are in the U.S. Military:</li> </ul>	Child Support Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benef</li> <li>Regular income from trusts or estate</li> <li>Annuities</li> </ul>
<ul><li>Income from person outside the household</li><li>Income from any other source</li></ul>	<ul> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a</li> </ul>	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></ul>	<ul> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outsid household</li> </ul>
	private pension fund, annuity, or trust			
OPTIONAL Children's Posicle	and Ethnia			
OPTIONAL: Children's Racial a				
	ation about your children's race and ethnicity. This tional and does not affect your children's eligibility fo al observation.			
, , ,	panic or Latino □ Not Hispanic or Latino  American Indian or Alaskan Native □ Asian	☐ Black or African American	□ Native Hawaiian or O	ther Pacific Islander □ White
,		□ Black of Afficant Affichican	□ Native Hawaiian or O	ther i acinc islander   Willite
Civil Rights: Information if you	have a complaint			
ot have to give the information, but if y	ool Lunch Act requires the information on this application. Yo rou do not, we cannot approve your child for free or reduced p igits of the social security number of the adult household mem	rice large print, audiotape, Americ	an Sign Language, etc.), should co	unication for program information (e.g. Braille
gns the application. The last four digit chalf of a foster child or you list a Sup ssistance for Needy Families (TANF) FDPIR) case number or other FDPIR it lember signing the application does not etermine if your child is eligible for free le lunch and breakfast programs. We justition programs to help them evaluat rogram reviews, and law enforcement a accordance with Federal civil rights land policies, the USDA, its Agencies, odministering USDA programs are profesability, age, or reprisal or retaliation for the second second content of the	so of the social security number is not required when you apply plemental Nutrition Assistance Program (SNAP), Temporary Program or Food Distribution Program on Indian Reservations dentifier for your child or when you indicate that the adult hous to have a social security number. We will use your information or or reduced-price meals, and for administration and enforcem MAY share your eligibility information with education, health, as e, fund, or determine benefits for their programs, auditors for officials to help them look into violations of program rules.  The saw and U.S. Department of Agriculture (USDA) civil rights regulated from discriminating based on race, color, national origin for prior civil rights activity in any program or activity conducted.	through the Federal Relay Se available in languages other to seehold To file a program complaint of to (AD-3027) found online at: htt write a letter addressed to US request a copy of the complain mail: U.S. Department of Office of the Assistan Rights 1400 Indepenting Washington, D.C. 20 fax: (202) 690-7442; or email: program.intake@usc	ervice at (800) 877-8339. Additional than English.  If discrimination, complete the USD, tp://www.ascr.usda.gov/complaint_tops.  BDA and provide in the letter all of the form, call (866) 632-9992. Submary and the form, call (866) 632-9992. Submary and the form, call (866) 832-9992.	have speech disabilities may contact USDA ly, program information may be made  A Program Discrimination Complaint Form, filling_cust.html, and at any USDA office, or ne information requested in the form. To it your completed form or letter to USDA by:
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Confirming Official's Signature

Verifying Official's Signature

Date

Date