**2019-2020 Application for Free and Reduced Price School Meals**

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

**STEP 1**

**STEP 2**

**Case Number:**

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).

How often?

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL gross income received by all children in the household. (Household Members listed in STEP 1 above).

Child income

**$**

How often?

How often?

How often?

Names of Adult Household Members (First and Last)

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**Check if no SSN**

“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.”

Daytime Phone and Email (optional)

 **School:**

Definition of **Household Member**: “Anyone who is living with you and shares income and expenses,
even if not related.”

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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Child’s Name (First, Middle Initial, Last)**
 | **Check all that apply** | **B.** Foster Child | **C.** Homeless, Migrant, Runaway |  | **D. Student?**Yes No |  | **E**. **Name of School** | **F. Grade** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Check one:  yes  no |  |

**B. All Adult Household Members (including yourself)**

List all Household Members **not** listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total gross income (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.

**Are you unsure what income to include here?**

**Flip the page and review 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.**

**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).

 C. Earnings from Work Weekly Bi-Weekly 2x Month Monthly

E .Pensions/Retirement/
All Other Income

**F. Total Household Members (Children and Adults)**

Street Address (if available) Apt #

Zip

State

City

Printed name of adult completing the form

**Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?** Circle one: Yes / No

**If you answered YES** > Write a case number here then go to STEP 4

 (Do not complete STEP 3).

**If you answered NO** > Complete STEPS 3 and 4.

 Weekly Bi-Weekly 2x Month Monthly

 Weekly Bi-Weekly 2x Month Monthly

 Weekly Bi-Weekly 2x Month Monthly

[ ] **G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

**X X X**

**X X**

Today’s date

**Contact information and adult signature**

Signature of adult completing the form

**STEP 4**

D. Public Assistance/
Child Support/Alimony

|  |  |
| --- | --- |
| Sources of Income for Children | Sources of Income for Adults |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sources of Child Income** | **Example(s)** | **Earnings from Work** | **Public Assistance / Alimony /** **Child Support** | **Pensions / Retirements /** **All Other Income** |
| * Earnings from work
 | * A child has a regular full or part-time job where they earn a salary or wages
 | - 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, FSSA or privatized housing allowances)- Allowances for off-base housing, food and clothing | * - 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
* - Rental income
* - Regular cash payments from outside household
 |
| - 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
 |

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,](http://www.ascr.usda.gov/complaint_%EF%AC%81ling_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.

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.

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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.

|  |
| --- |
| **DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.** |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 Total Income: Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: Date Received:Dual Eligibility: Foster child(ren) – Free Non-foster child(ren) – Free Reduced Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directly Certified: ❑ Extended Benefit ❑ Foster Child ❑ Migrant ❑ Homeless ❑ Runaway ❑ Approved by PrincipalCategorical Eligibility: ❑ SNAP/TANF based on provided number ❑ Foster Child on an application Eligibility: ❑ Free ❑ Reduced ❑Denied Reason: Date Withdrawn: Incomplete/Missing: ❑ SS# ❑ HH Members ❑ Signature ❑ Income Frequency ❑ Other Determining Official’s Signature: Date: Confirming Official’s Signature: Date: Verifying Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ |
|  |

**Sources of Income**

**INSTRUCTIONS**

**Children's Racial and Ethnic Identities**

**OPTIONAL**

**Race (check one or more):**

[ ] [ ] American Indian or Alaskan Native

[ ] [ ] [ ] **Ethnicity (check one):**

[ ] [ ] Black or African American

Native Hawaiian or Other Pacific Islander White

Asian

Hispanic or Latino

Not Hispanic or Latino