





Free & Reduced Price Meal Applications


School Year 2025-2026



Objectives


- ▶ Purpose of applications
- ▶ The Free and Reduced Price Meal Application
- ▶ Application Materials
- ▶ Reviewing & processing applications
- ▶ Carryover period
- ▶ Master List
- ▶ Second / Independent Review of Applications






Purpose of Applications

- ▶ Documentation is required for student to receive free or reduced benefits
 - ▶ Direct Certification
 - ▶ Categorical Eligibility / Other Source Categorical Eligibility (participates in assistance program, homeless, runaway, migrant, foster)
 - ▶ Meal Applications
- ▶ Without documentation, student must pay for meals






Certification & Benefit Issuance – A Critical Area (PS 1)


- ▶ USDA research finds more than 1 in 5 applicants are certified incorrectly
 - ▶ Leads to mistaken denial of benefits
- ▶ Errors in the Certification and Benefit Issuance process are considered a Performance Standard 1 violation


Potential for Fiscal Action! \$



Direct Certification (DC)


- ▶ As soon as **July 1, 2025**, check the DC list in HCNP Systems and complete matches
- ▶ Print and mail DC letters to households





Free and Reduced Price Application - Prototype

- ▶ No changes to the prototype application for SY 2025-2026
- ▶ ALWAYS use the current application
 - ▶ DO NOT use applications from previous school year(s)
- ▶ Recommend using HCNP's prototype application
- ▶ The SY 25-26 version is available on HCNP's website
 - ▶ <http://hcnpp.hawaii.gov/overview/nsfp/> ,
Program Resources → Free and Reduced Price Application




Free and Reduced Price Application Web-Based Prototype

- ▶ USDA Web-Based Prototype Application for Free & Reduced Price School Meals
 - ▶ <https://www.fns.usda.gov/schoolmeals/model-application/web-based>

Inform households:

- ▶ How to access the electronic application system
- ▶ Still have the option to submit a paper application
- ▶ How to obtain and submit a paper application
- ▶ SFA's responsibility to maintain program integrity





Application Materials

- ▶ **Send to all households at or near the beginning of the school year:**
 - ▶ Free and Reduced Price Meal Application, SY 2025-2026
 - ▶ 'How to Apply for Free and Reduced Price School Meals'
 - ▶ 'Frequently Asked Questions About Free and Reduced Price School Meals'
- ▶ These are posted on HCNP website
 - ▶ <http://hcnp.hawaii.gov/overview/nsfp/>
Program Resources → Free and Reduced Price Application



Application Materials

Other forms available on HCNP's website:

<https://hcnp.hawaii.gov/overview/nsfp/> →
Program Resources → Free and Reduced Price Application

- ▶ Notice to Households of Approval/Denial of Benefits
- ▶ Sharing Information with Other Programs
- ▶ Sharing Information with Medicaid/CHIP






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 **STEP 3: Sending to Households**

- ▶ Send application packet near beginning of the school year to allow time for processing
 - ▶ School year begins July 1st
- ▶ Best practices for making materials available:
 - ▶ Send home with each student on first day of school
 - ▶ Mail to household (email as an alternative)
 - ▶ Put in registration/enrollment packet
 - ▶ Post on school website, if applicable
- ▶ Translated Applications:
 - <https://www.fns.usda.gov/school-meals/translated-applications>






 **Remember, you CANNOT require any child or household to submit an application. However, they must be aware that they have the right to do so at any time during the school year.**

 **A Word on Confidentiality**

- ▶ Always use caution when handling applications – they contain sensitive and confidential information
 - ▶ Name, address, household size, income, ethnicity/race, SNAP/TANF case number, etc.
- ▶ A student's eligibility must never be publicized or accessible to unauthorized individuals



STEP 4: Processing Applications

- ▶ Date stamp applications when they are returned to school
- ▶ Application must be processed **within 10 operating days** of receipt
- ▶ Check applications for completeness
- ▶ Remember: the sooner you process and certify an application, the sooner that student receives the benefit they are entitled to





SNAP / TANF Case Number

When a household submits an application indicating an Assistance Program:



- ▶ Verify that case number matches the format used by the applicable program
- ▶ The child must be given free meals
- ▶ The determining official should compare the case number to the DC list
 - ▶ If there's a match:
 - ▶ Retain the application on file, but do not process it
 - ▶ Place household on the DC list
 - ▶ Eligibility is extended to all children in the household
 - ▶ If no match:
 - ▶ Contact the household for clarification, or
 - ▶ Verify for cause





Incomplete Applications


- ▶ Number of household members does not equal number of names on application
- ▶ Frequency of income is missing
- ▶ Missing SNAP/TANF number (when #2 was answered 'yes')
- ▶ SNAP/TANF number is questionable
- ▶ No adult signature
- ▶ No social security number, "no Social Security Number" box is not checked

Incomplete Applications


The SFA **“should make reasonable efforts to contact the household in order to clarify or obtain the required information”**

- ▶ Contact household to obtain missing information
- ▶ Document the communication
 - ▶ Initial/date, who was contacted in the household, and the outcome
 - ▶ Do not use white out!
- ▶ For missing signature: request parent come to school to sign the application
- ▶ If unable to contact the household, send “Notice of Approval/Denial of Benefits”
 - ▶ Denied for incomplete application




Indication of ‘No Income’

- ▶ Application instructions explain how a household should report income
 - ▶ If a household member(s) does not have income, they should mark ‘zero’ in income field
 - ▶ Leaving income field blank is indicative of ‘no income’
- ▶ An application with a blank income field is considered complete and can be processed
 - ▶ Suspicious applications – Verify for Cause (October)



Income Eligibility Guidelines

- ▶ Not available to general public
- ▶ Ensure the SY 2025-26 guidelines are being used
- ▶ Income conversion factors are on bottom back of HCNP prototype application
- ▶ If application indicates multiple income frequencies:
 - ▶ Convert to annual income then make determination




Hawaii Child Nutrition Programs									
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS									
Use for all Child Nutrition Programs to determine eligibility for Free and Reduced-Price Meals or Milk.									
EFFECTIVE DATE: JULY 1, 2025 TO JUNE 30, 2026									
Family Size	FREE MEALS				Family Size	REDUCED-PRICE MEALS			
	Yearly	Monthly	Two per Month	Weekly		Yearly	Monthly	Two per Month	Weekly
1	23,387	1,949	975	890	2	33,282	2,774	1,387	1,261
2	31,619	2,635	1,318	1,216	3	44,592	3,716	1,858	1,731
3	39,846	3,321	1,661	1,531	4	56,701	4,725	2,363	2,191
4	48,074	4,007	2,004	1,845	5	68,811	5,735	2,868	2,632
5	56,301	4,692	2,346	2,166	6	80,921	6,745	3,373	3,082
6	64,529	5,378	2,689	2,492	7	93,031	7,755	3,878	3,587
7	72,757	6,064	3,032	2,799	8	105,141	8,765	4,383	4,082
8	80,985	6,750	3,375	3,115	9	117,251	9,775	4,888	4,587
9	89,213	7,436	3,718	3,432	10	129,361	10,785	5,393	5,082
10	97,441	8,122	4,061	3,749	11	141,471	11,795	5,898	5,587
11	105,670	8,808	4,404	4,066	12	153,581	12,805	6,403	6,082
12	113,898	9,494	4,747	4,383	13	165,691	13,815	6,908	6,587
13	122,126	10,180	5,090	4,700	14	177,801	14,825	7,413	7,082
14	130,354	10,866	5,433	5,017	15	189,911	15,835	7,918	7,587
15	138,582	11,552	5,776	5,334	16	202,021	16,845	8,423	8,082
16	146,810	12,238	6,119	5,651	17	214,131	17,855	8,928	8,587
17	155,038	12,924	6,462	5,968	18	226,241	18,865	9,433	9,082
18	163,266	13,610	6,805	6,285	19	238,351	19,875	9,938	9,587
19	171,494	14,296	7,148	6,602	20	250,461	20,885	10,443	10,082
20	179,722	14,982	7,491	6,919	21	262,571	21,895	10,948	10,587
21	187,950	15,668	7,834	7,236	22	274,681	22,905	11,453	11,082
22	196,178	16,354	8,177	7,553	23	286,791	23,915	11,958	11,587
24	204,406	17,040	8,520	7,870	24	298,901	24,925	12,463	12,082
25	212,634	17,726	8,863	8,187	25	311,011	25,935	12,968	12,587
26	220,862	18,412	9,206	8,504	26	323,121	26,945	13,473	13,082
27	229,090	19,098	9,549	8,821	27	335,231	27,955	13,978	13,587
28	237,318	19,784	9,892	9,138	28	347,341	28,965	14,483	14,082
29	245,546	20,470	10,235	9,455	29	359,451	29,975	14,988	14,587
30	253,774	21,156	10,578	9,772	30	371,561	30,985	15,493	15,082
31	262,002	21,842	10,921	10,089	31	383,671	31,995	15,998	15,587
32	270,230	22,528	11,264	10,406	32	395,781	32,999	16,503	16,082
33	278,458	23,214	11,607	10,723	33	407,891	33,999	17,008	16,587
34	286,686	23,900	11,950	11,040	34	419,999	34,999	17,513	17,082
35	294,914	24,586	12,293	11,357	35	432,109	35,999	18,018	17,587
36	303,142	25,272	12,636	11,674	36	444,219	36,999	18,523	18,082
37	311,370	25,958	12,979	11,991	37	456,329	37,999	19,028	18,587
38	319,598	26,644	13,322	12,308	38	468,439	38,999	19,533	19,082
39	327,826	27,330	13,665	12,625	39	480,549	39,999	20,038	19,587
40	336,054	28,016	14,008	12,942	40	492,659	40,999	20,543	20,082
41	344,282	28,702	14,351	13,259	41	504,769	41,999	21,048	20,587
42	352,510	29,388	14,694	13,576	42	516,879	42,999	21,553	21,082
43	360,738	30,074	15,037	13,893	43	528,989	43,999	22,058	21,587
44	368,966	30,760	15,380	14,210	44	541,099	44,999	22,563	22,082
45	377,194	31,446	15,723	14,527	45	553,209	45,999	23,068	22,587
46	385,422	32,132	16,066	14,844	46	565,319	46,999	23,573	23,082
47	393,650	32,818	16,409	15,161	47	577,429	47,999	24,078	23,587
48	401,878	33,504	16,752	15,478	48	589,539	48,999	24,583	24,082
49	410,106	34,190	17,095	15,795	49	601,649	49,999	25,088	24,587
50	418,334	34,876	17,438	16,112	50	613,759	50,999	25,593	25,082
51	426,562	35,562	17,781	16,429	51	625,869	51,999	26,098	25,587
52	434,790	36,248	18,124	16,746	52	637,979	52,999	26,603	26,082
53	443,018	36,934	18,467	17,063	53	650,089	53,999	27,108	26,587
54	451,246	37,620	18,810	17,380	54	662,199	54,999	27,613	27,082
55	459,474	38,306	19,153	17,697	55	674,309	55,999	28,118	27,587
56	467,702	38,992	19,496	18,014	56	686,419	56,999	28,623	28,082
57	475,930	39,678	19,839	18,331	57	698,529	57,999	29,128	28,587
58	484,158	40,364	20,182	18,648	58	710,639	58,999	29,633	29,082
59	492,386	41,050	20,525	18,965	59	722,749	59,999	30,138	29,587
60	500,614	41,736	20,868	19,282	60	734,859	60,999	30,643	30,082
61	508,842	42,422	21,211	19,599	61	746,969	61,999	31,148	30,587
62	517,070	43,108	21,554	19,916	62	759,079	62,999	31,653	31,082
63	525,298	43,794	21,897	20,233	63	771,189	63,999	32,158	31,587
64	533,526	44,480	22,240	20,550	64	783,299	64,999	32,663	32,082
65	541,754	45,166	22,583	20,867	65	795,409	65,999	33,168	32,587
66	549,982	45,852	22,926	21,184	66	807,519	66,999	33,673	33,082
67	558,210	46,538	23,269	21,501	67	819,629	67,999	34,178	33,587
68	566,438	47,224	23,612	21,818	68	831,739	68,999	34,683	34,082
69	574,666	47,910	23,955	22,135	69	843,849	69,999	35,188	34,587
70	582,894	48,596	24,298	22,452	70	855,959	70,999	35,693	35,082
71	591,122	49,282	24,641	22,769	71	868,069	71,999	36,198	35,587
72	599,350	49,968	24,984	23,086	72	880,179	72,999	36,703	36,082
73	607,578	50,654	25,327	23,403	73	892,289	73,999	37,208	36,587
74	615,806	51,340	25,670	23,720	74	904,399	74,999	37,713	37,082
75	624,034	52,026	26,013	24,037	75	916,509	75,999	38,218	37,587
76	632,262	52,712	26,356	24,354	76	928,619	76,999	38,723	38,082
77	640,490	53,398	26,699	24,671	77	940,729	77,999	39,228	38,587
78	648,718	54,084	27,042	24,988	78	952,839	78,999	39,733	39,082
79	656,946	54,770	27,385	25,305	79	964,949	79,999	40,238	39,587
80	665,174	55,456	27,728	25,622	80	977,059	80,999	40,743	40,082
81	673,402	56,142	28,071	25,939	81	989,169	81,999	41,248	40,587
82	681,630	56,828	28,414	26,256	82	1,001,279	82,999	41,753	41,082
83	689,858	57,514	28,757	26,573	83	1,013,389	83,999	42,258	41,587
84	698,086	58,200	29,100	26,890	84	1,025,499	84,999	42,763	42,082
85	706,314	58,886	29,443	27,207	85	1,037,609	85,999	43,268	42,587
86	714,542	59,572	29,786	27,524	86	1,049,719	86,999	43,773	43,082
87	722,770	60,258	30,129	27,841	87	1,061,829	87,999	44,278	43,587
88	731,000	60,944	30,472	28,158	88	1,073,939	88,999	44,783	44,082
89	739,230	61,630	30,815	28,475	89	1,086,049	89,999	45,288	44,587
90	747,460	62,316	31,158	28,792	90	1,098,159	90,999	45,793	45,082
91	755,690	63,002	31,501	29,109	91	1,110,269	91,999	46,298	45,587
92	763,920	63,688	31,844	29,426	92	1,122,379	92,999	46,803	46,082
93	772,150	64,374	32,187	29,743	93	1,134,489	93,999	47,308	46,587
94	780,380	65,060	32,530	30,060	94	1,146,599	94,999	47,813	47,082
95	788,610	65,746	32,873	30,377	95	1,158,709	95,999	48,318	47,587
96	796,840	66,432	33,216	30,694	96	1,170,819	96,999	48,823	48,082
97	805,070	67,118	33,559	31,011	97	1,182,929	97,999	49,328	48,587
98	813,300	67,804	33,902	31,328	98	1,195,039	98,999	49,833	49,082
99	821,530	68,490	34,245	31,645	99	1,207,149	99,999	50,338	49,587
100	829,760	69,176	34,588	31,962	100	1,219,259	100,000	50,843	50,082

	<h2>Finish Processing the Application</h2>
DO NOT FILL OUT (for school use only)	
Annual Income Conversion: Yearly x 12, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.	
Total Income: <input type="text"/>	Date Received: <input type="text"/>
Dual Eligibility: <input type="checkbox"/> Foster child(ren) - Free <input type="checkbox"/> Non-Foster child(ren) - Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied - Paid	
Directly Certified: <input type="checkbox"/> Extended Benefit <input type="checkbox"/> Foster Child <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Approved by Principal	
Categorical Eligibility: <input type="checkbox"/> SNAP/PTAN based on provided number <input type="checkbox"/> Foster Child on an application	
Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied (Paid) Reason: <input type="text"/> Date Withdrawn: <input type="text"/>	
Incomplete/Missing: <input type="checkbox"/> Social Security Number <input type="checkbox"/> # of Household Members <input type="checkbox"/> Signature <input type="text"/> Income Frequency <input type="text"/> Other: <input type="text"/>	
Determining Official's Signature: <input type="text"/>	Confirming Official's Signature: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>
Verifying Official's Signature: <input type="text"/>	Date: <input type="text"/>
<ul style="list-style-type: none">Complete "For school use only" section on second pageIndicate the date when the application was receivedDetermining official signs, dates, and designates eligibilityConfirming official checks the application, signs and dates the form<ul style="list-style-type: none">Within 30 days of eligibility determination	

	<h2>Notice of Approval or Denial</h2>
<ul style="list-style-type: none">ALL households must be notified of their eligibility statusMake two copies of the letter:<ul style="list-style-type: none">Send the original to the householdKeep a copy on file at schoolA letter template is available for use on HCNP's website	

[illegible]



Sample Master List


School Year: _____

School Name: _____


The purposes for keeping this information are:

1. to have numbers readily available for the monthly edit check on the reimbursement claim,
2. to compare to the roster/checklist or POS for accuracy in the benefit issuance,
3. to complete the verification summary, and
4. this information will be requested during an administrative review.



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
DC												
Categorically Eligible												
Free by Income												
TOTAL FREE	0	0	0	0	0	0	0	0	0	0	0	0
Refused Price												
Paid												



Independent / Second Review of Applications



- ▶ Criteria
 - ▶ 10% or greater error
 - ▶ HCNP discretion
- ▶ Completed before eligibility determinations made
 - ▶ Still adhere to 10 operating day requirement
- ▶ Requirement to review all applications a second time
 - ▶ Ensures certification accuracy
 - ▶ Upholds program integrity

Reminders

- ▶ Only ONE application per household is needed
- ▶ You cannot require a household to submit an application
- ▶ If a household qualifies for benefits, but refuses, a statement of refusal (in writing) must be obtained – ensure signed and dated
- ▶ All approvals are good for the entire school year, plus 30 day carryover
 - ▶ Verification – may cause change in status

2025-2026 Prototype Household Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: www.kenthigh.com/apply
RETURN TO (School/District Name): **Edinburg High School**
ADDRESS: **1211 Frosty Pines Lane, Edinburg, TX 78541**

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.
List all children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

CHILD'S First Name	AGE	CHILD'S Last Name	Grade	Student?	Free?	Reduced?	Homeless?
Wendy	1	Smith	12	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlton	6	Banks	12	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashley	1	Banks	8	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) participate in SNAP or TANF?
Yes ☒ No ☐ If YES, write case number here and proceed to STEP 4.

STEP 3 List ALL household members and income for each member (before taxes and deductions).
List all Adult Household Members (Anyone who is living with you and whose income and expenses you are responsible for). List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each, list all sources of income (before taxes and deductions) for each source in which dollars (no cents) only. If they do not receive income from any source, write "N".

Name of Adult Household Member (Print Name)	Relationship to Applicant	Income Source	Amount (Dollars)
Philip Banks	Spouse	Wages	1,825
Vivian Banks	Spouse	Wages	1,825
Hilary Banks	Spouse	Wages	1,825

Child Income
List all children's income (before taxes and deductions) for all children listed in STEP 1 here.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL. Insert school address here.
I hereby declare that all information on this application is true and that all information is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) 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.

Signature of Adult: **Philip Banks**
Print Name of Adult Signing the Form: **Philip Banks**
Address (if available): **1211 Frosty Pines Lane, Edinburg, TX 78541**

INCOMPLETE!
of household members does not match # of names
No adult signature

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

APPLY ONLINE: www.kenthigh.com/apply
RETURN TO (School/District Name): **Edinburg High School**
ADDRESS: **1211 Frosty Pines Lane, Edinburg, TX 78541**

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.
List all children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

CHILD'S First Name	AGE	CHILD'S Last Name	Grade	Student?	Free?	Reduced?	Homeless?
Wendy	1	Swanson	12	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby		Swanson (unborn)		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) participate in SNAP or TANF?
Yes ☒ No ☐ If YES, write case number here and proceed to STEP 4.

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List all Adult Household Members (Anyone who is living with you and whose income and expenses you are responsible for). List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each, list all sources of income (before taxes and deductions) for each source in which dollars (no cents) only. If they do not receive income from any source, write "N".

Name of Adult Household Member (Print Name)	Relationship to Applicant	Income Source	Amount (Dollars)
Joe Swanson	Spouse	Wages	1,825
Bonnie Swanson	Spouse	Wages	1,825

Child Income
List all children's income (before taxes and deductions) for all children listed in STEP 1 here.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

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I hereby declare that all information on this application is true and that all information is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) 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.

Signature of Adult: **Joe Swanson**
Print Name of Adult Signing the Form: **Joe Swanson**
Address (if available): **1211 Frosty Pines Lane, Edinburg, TX 78541**

MORE INFORMATION NEEDED
Verify if child is on the DC list
If not on DC list:
Verify unborn child / # of household members
Verify income frequency

2025-2026 Prototype Household Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: www.kenthigh.com/apply
RETURN TO (School/District Name): **Edinburg High School**
ADDRESS: **1211 Frosty Pines Lane, Edinburg, TX 78541**

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.
List all children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

CHILD'S First Name	AGE	CHILD'S Last Name	Grade	Student?	Free?	Reduced?	Homeless?
Don	1	King	12	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wendy	6	King	12	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leo	1	King	8	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) participate in SNAP or TANF?
Yes ☒ No ☐ If YES, write case number here and proceed to STEP 4.

STEP 3 List ALL household members and income for each member (before taxes and deductions).
List all Adult Household Members (Anyone who is living with you and whose income and expenses you are responsible for). List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each, list all sources of income (before taxes and deductions) for each source in which dollars (no cents) only. If they do not receive income from any source, write "N".

Name of Adult Household Member (Print Name)	Relationship to Applicant	Income Source	Amount (Dollars)
Marion King	Spouse	Wages	1,825

Child Income
List all children's income (before taxes and deductions) for all children listed in STEP 1 here.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL. Insert school address here.
I hereby declare that all information on this application is true and that all information is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) 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.

Signature of Adult: **Marion King**
Print Name of Adult Signing the Form: **Marion King**
Address (if available): **1211 Frosty Pines Lane, Edinburg, TX 78541**

Earnings from Work = \$1,825
Frequency = Biweekly (x26)
 $\$1,825 \times 26 = \$47,450$ Annually
FREE, mark as error prone

FREE MEALS					
Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,387	1,949	975	900	450
2	31,616	2,635	1,318	1,216	608
3	39,845	3,321	1,661	1,533	766
4	48,074	4,007	2,004	1,849	925



QUESTIONS?



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(808) 587-3600





Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication 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 USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant 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-OASCRS-2016-Complaint-Form-0508-0000-206-11-26-177.pdf> or call our toll-free number (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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

fax:
(833) 256-1665 or (202) 690-7442; or

email:
program.intake@usda.gov

This institution is an equal opportunity provider.
