

Prototype Household Application for Free and Reduced Price School Meals

APPLY ONLINE: _____

SEN BACK TO (Skool/District Name): _____

ADDRESS: _____

Complete one application fi each household. Please use wan pen (nuh wan pencil).

STEP 1 List ALL pickney, baby and student dem weh inna grade 12 or under. Attach wan next sheet a paper if yuh need space fi more name dem.

List ALL pickney inna di household. Nuh figet fi list di baby dem, di pickney dem weh a guh odda skool, di pickney dem weh nuh inna skool and di pickney dem weh nah apply fi nuh benefit. Dis include pickney weh nuh related to yuh but live inna yuh household.

Pickney First Name	MI	Pickney Last Name	Grade	Foster Child	Migrant	Runweh	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check everything weh apply

If yuh did check any a dem box yah, please look pon step 1 inna di instructions fi di application: Part C an Part D.

STEP 2 You or anybadi inna yuh household tek part in any a dem yah: SNAP, TANF, or FDIPIR?

NO → Guh a STEP 3. YES → Write di case number yah suh and guh a to STEP 4.

CASE NUMBA (Not Electronic Benefits Transfer [EBT])

Write ongle one case numba inna dis space

STEP 3 List ALL a di memba a yuh household and di money weh dem mek (before any tax or deduction)

A. All Adult Memba dem (Anybadi weh a live wid yuh and weh share yuh income and yuh expense dem, even if dem nuh related, including yuhself.)

List all Adult Memba dem a yuh Household weh yuh neva list out inna STEP 1 (including yuhself) even if dem nah get nuh income. Fi every Memba a yuh Household weh yuh list, if dem get nuh income, report all a di money weh dem get (before yuh tek out tax or deduction) fi every source a income in full dallas alone (nuh write di cents). If dem nuh get income from nuh source at all, put '0' If yuh put '0' or if yuh leave none a di field dem blank, yuh a certify (promise) seh dem nuh have nuh income fi report.

Name a di Adult Memba dem inna yuh Household	Earning from work	How often dem get it?					Public Assistance, Pickney Support, Alimony	How often dem get it?				Pension dem, Retirement, Social Security, SSI, VA Benefit dem, All Odda Income	How often dem get it?			
		Every week	Every 2 week	2 time fi di month	Every month	Every year		Every week	Every 2 week	2 time fi di month	Every month		Every week	Every 2 week	2 time fi di month	Every month
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

Total Numba a Member a Yuh Household (Pickney an Adult)

Last 4 numba a di Social Security Numba fi di Main Wage Earner or odda Adult Memba a yuh Household (if it apply yah suh)

Check dis if dem nuh have nuh Social Security Numba

Please look pon di back a di application fi di list a source a income

B. Pickney Income

Sometime pickney inna di house earn or get income.

Include di TOTAL income yah suh (before tax or deduction) weh yuh get from ALL a di pickney dem weh yuh did list out inna STEP 1.

Pickney Income

How often dem get it?				
Every week	Every 2 week	2 time fi di month	Every month	Every year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 Contact information an adult signature.

BRING BACK DI COMPLETED FORM TO YUH PICKNEY SKOOL:

Insert school address here

"Mi certify (promise) seh all a di information on dis application is true and seh all a di income is reported. Mi undastan seh mi a gi dis information in connection wid getting Federal money, and seh di skool official dem can verify (confirm) di information. Mi know seh if mi gi wrong information pon purpose, mi pickney dem can lose dem meal benefit, and mi can get prosecute under whichevera State and Federal Law applicable."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Write di name a di adult weh a sign di form.	Signature a di Adult	Todeh Date			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if one available)	City	State	Zip	Phone numba (optional)	Email (optional)

Bring back di completed form to yuh pickney skool.

SOURCES AND EXAMPLES OF INCOME

Fi more information on income, please check back di instructions web come wid di application.

Sources a Income		
Earning from work	Public Assistance/Alimony/ Pickney Support	Pensions/Retirement/ All odda source a income
<ul style="list-style-type: none"> Salary, wage dem, cash bonus dem, tip dem, commission dem Net income from self-employment (farm or business) <p>If yuh inna di U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (NUH include combat pay, Family Subsistence Supplemental Allowance [FSSA], or privatized housing allowances) Allowance fi off-base housing, food, an clothes 	<ul style="list-style-type: none"> Unemployment benefit dem Worker compensation Supplemental Security Income (SSI) Cash assistance from State or local govament Alimony payment dem Pickney support payment dem Veteran benefit Strike benefit 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement an black lung benefit dem) Private Pension or disability benefit dem Income from trust or estate dem Annuity dem Investment income Interest weh yuh earn Rental income Regular cash payment dem from outside a yuh household

Example a Income fi Pickney
<ul style="list-style-type: none"> Wan pickney have wan regular full or part-time work weh dem earn wan salary or wages.
<ul style="list-style-type: none"> Wan pickney weh blind or disabled an a get Social Security benefit dem Wan parent disable, retired, or deceased, an dem pickney a get Social Security benefit dem
<ul style="list-style-type: none"> Wan fren or wah extended fambily memba a gi wan pickney spending money regular
<ul style="list-style-type: none"> Wan pickney a get regular income from wan private pension fund, annuity or wan trust

OPTIONAL

Pickney ethnic an racial identity dem Dis information a guh keep confidential and can be protected by di Privacy Act a 1974.

We haffi ask fi information bout yuh pickney race and ethnicity. Dis information important fi an help fi mek sure seh we a serve wi community fully. It optional fi respond to dis section and it nuh affect yuh pickney chance fi get meals fi free or fi less money.

Ethnicity (check one): Hispanic or Latino (dis a wan person weh a Cuban, Mexican, Puerto Rican, South or Central America, or wan odda Spanish culture or origin, nuh matta which race) Neida Hispanic nor Latino

Race (check off one or more): American Indian or Native from Alaska Asian Black or African American Native from Hawaii or wan Odda Pacific Islander White

Bring back dis completed form to yuh pickney skool. *NUH mail, fax, nor email di completed application dem to di US Department a Agriculture Office a di Assistant Secretary fi Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	Free	Reduced	Denied	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Determining Official's Signature	Date	Confirming Official's Signature			Date	Verifying Official's Signature		Date		

Use of Information Statement

Di Richard B. Russel National School Lunch Act require seh wi haffi use information from dis application fi see who qualify fi free meal or fi meal fi less price. We can ongle approve form deh weh done complete. We might share yuh eligibility information wid education, health an nutrition program dem fi help dem bring program benefit dem a yuh household. Inspector dem and law enforcement can use yuh information tuh fi mek sure seh dem meet di rules a di program.

Please mek sure seh yuh provide di last four numba dem a di Social Security Numba fi di adult memba a di household weh a sign di application. If di adult nuh have one, check di somn weh seh "Check dis if dem nuh have nuh Social Security Numba". Application dem fi wan *Foster Child* nuh need fi list wan Social Security Numba. Application dem fi pickney dem weh inna household weh a get Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) nuh need fi list wan Social Security Numba. Some pickney wi qualify fi free meal dem widout nuh application. Please contact yuh skool fi get free meal fi wan *Foster Child*, and any pickney dem weh homeless, weh a migrant, or weh runweh.

Di contact information below dis is ongle fi file wan complaint bout discrimination

Inna accordance wid American guvament law wi seh everybody must be treat fair an equal (dem call it "civil rights law") and U.S Department of Agriculcha (USDA) civil rights rules (dem call it regulations a policies), dis institution nuh fi nuh fi discriminate, which mean seh, dem nuh fi treat anybody bad only because dem black, white, or any odder color (dem race) or because of which part dem born (dem national origin), or because dem born man or woman (dem sex) or act like seh dem born man or woman (dem gender identity or sexual orientation) or because i dem have disability, (which mean seh dem andicap), or because of dem age. Also, dem nuh fi retaliate, (which mean seh, nuh treat people bad) just because people did complain before dat somebody inna di institution nuh treat dem fair and equal like how di civil rights law seh dem fi be treat.

Program information may be mek available inna languages oddah dan English. Person wid disabilities (like seh dem bline or def) who require alternative means of communication tuh understan how di program work (e.g., Braille, large print, audiotape, American Sign Language), should contact di responsible State or local Agency dat administas di program or USDA's TARGET centa at (202)720-2600 (voice a TTY) or contact USDA through di Federal Relay Service at (800)877-8339.

Tuh file a program discrimination complaint, a Complainant should complete (fill out) a form AD-3027, USDA Program Discrimination Complaint Form which yu cyan get online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office. by calling (866)-632-9992, or by writing a letta addressed tuh USDA. Di letta muss contain di complainant's name, address, telephone number, and a written Discriminatory action (yu fi write and tell dem who nuh treat yu fair, what dem do yu, and when it did happen) inna sufficient detail (mek sure yu tell dem everyting weh happen) tuh inform di Assistant Secretary Fi Civil Rights (ASCR) bout di nature and date of a alleged civil rights violation. Di complete AD-3027 form or letta mus be submitted (send) tuh 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***NUH email nuh application a dis address, ongle email di complaint dem bout discrimination.**

Bring back di completed form to yuh pickney skool.

Dis institution a waah equal opportunity provider. (Dem suppose to treat yu fair and equal, like everybody else get treat).