## 2018-2019 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS: Complete one application per household. Please use a nen (not a nencil)

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.  Child's First Name	МІ	Child's	Last Name		Grade	Is this of a Stude	ent?		Foster Child	Homeles Migrant Runaway	s, N	TEP 2. Do any Household Members (including you) currently articipate in one or more of the bllowing assistance programs: NAP, TANF, or FDPIR?
						Yes	No	apply			ıf	NO, go to STEP 3. If YES, write a
						Yes	No	ıt ap			C	ase number here then go to STEP 4
						Yes	No	that				Do not complete STEP 3.)
						Yes	No	le x				ASE # Write only one case number in this
						Yes	No	Check			S	pace. Do not list an EBT number.)
						Yes	No	5				
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**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. Street Address \_\_\_\_\_ \_\_Apt #\_\_\_\_City\_\_\_\_\_\_Day Time Phone (optional) \_\_\_\_\_\_ \_ Signature of Adult \_\_\_\_ \_\_\_ Today's Date \_\_\_\_\_ Print Name 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. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): \_\_\_American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White Do not fill out this part. For school use only. Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12 \_\_\_\_\_How often: ☐ Weekly; ☐ Bi-Weekly; ☐ Twice a Month; ☐ Month Household Size: \_\_\_\_\_ Categorical Eligibility: Free\_\_\_\_\_ Reduced\_\_\_\_ Denied\_\_\_\_\_ Determining Official's Signature: Confirming Official's Signature: Approved by USDA RLOA 2017-2018; Re-approved by USDA 2018-2019 Verifying Official's Signature:

## INSTRUCTIONS: Sources of Income

Sources of Income for children							
Sources of Child Income	Example(s)						
- Earnings from work	- A child has a regular full or part-time job where he earns a salary or wages.						
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and his child receives Social Security benefits</li> </ul>						
<ul> <li>Income from person outside the household</li> </ul>	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						

Sources of Income for Adults								
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income						
<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:         <ul> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	- 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	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Regular cash payments from outside household</li> </ul>						

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 on your 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.

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 a speech disability 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: <a href="http://www.ascr.usda.gov/complaint filing cust.html">http://www.ascr.usda.gov/complaint filing cust.html</a>, 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

Email: <u>program.intake@usda.gov</u>

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