2019-2020 Prototype Household Application for Free and Reduced Price School Meals

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



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-		Р.

STEP 1	List ALL I	Household Membe	ers who a	re infa	nts, ch	ildren	n, and s	tudent	ts up to	and in	cludin	g grade	12 (if	more	e spaces a	re requ	uired f	or ado	litional	names	s, attach	anothe	r shee	t of pa	aper)	
Definition of House	ehold	Child's First Na	me					МІ	Child'	s Last	Name										Grade	Si Yes	tudent?		Foster Child	Homeless Migrant, Runaway
Member : "Anyone vilving with you and sincome and expense	shares																									
if not related."	ses, even																							apply		
Children in Foster of children who meet to definition of Homel	the																							Check all that apply		
Migrant or Runawa eligible for free mea	ay are als. Read																							Check		
How to Apply for I Reduced Price Sc Meals for more info	chool																									
		aucah ald Mamba	ro (in aludi	n a	\	on the c	novticin.	ata in		m a v a	f the f	allewine	~ aaaia	4on o		acı CN	AD TA	NE o	- EDDI	2					_	
JILI Z	DO any n	ousehold Membei	s (includi	ing you	u) curr	entry	particip	ate in	one or	more o	i the id	oliowing	y assis	stanc	e progran	ns: Siv.	AP, IA	MNF, O	rppli	Υ .						
		If NO > Go to	STEP 3.		If Y	'ES >	Write	a case	number	here the	en go to	STEP 4	4 <u>(</u> Do <u>n</u>	ot co	mplete STE	<u>EP 3</u>)	Ca	ase Nu	ımber:			Write or	nly one c	ase nu	mher in th	nis space.
STEP 3	Report Inc	come for ALL Hous	ehold Men	nbers ((Skip tl	his ste	p if you	answe	ered 'Ye	s' to ST	EP 2)											***************************************	., 6.1.6	200 Hui		по ориос
																				Но	w often?					
		A. Child Income Sometimes childre		ısehold	earn or	receive	e income	e. Pleas	e include	the TO	TAL inc	ome rece	eived by	/ all		. г	hild inco	me	Wee	kly Bi-Wee	ekly 2x Month	Monthly				
		Household Membe														\$) () ()	0				
Are you unsure wha		B. All Adult Hou List all Household	Members no	ot listed	l in STE	P 1 (in	cluding y	ourself																		
Flip the page and re	1	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 How often? Public Assistance/									ive any f		ank, yo often?	u are ce	rtifying	fying (promising) that there is no income to repo Pensions/Retirement/ How often?				port.						
the charts titled "So of Income" for more	ources	Name of Adult Household Members (First and Last)				arnings from	m Work	Weekly	Bi-Weekly	2x Month	Monthly			pport/Alimony	Weekly	Bi-Weekly	2x Mon	h Monthly		All Other Ir		Weekly	Bi-Wee	ekly 2x Mor	nth Monthly	
information. The "Sources of Inc	como					\$			0	0	0	0	\$			0	0	0	0	\$					0	0
for Children" chart whelp you with the C	will					\$			0	0	0	0	\$			0	0	0	0	\$					0	0
Income section. The "Sources of Income section."	come					\$			0	0	0	0	\$			0	0	0	0	\$			0		0	0
for Adults" chart will you with the All Adu	ll help ult					\$			0	0	0	0	\$			0	0	0	0	\$			0		0	0
Household Member section.	ers					\$			0	0	0	\circ	\$			0	0	0	0	\$			0		0	0
		Total Household M (Children and Adul						-	Social Sec		•	SN) of old Membe	er	X	хх	хх				Chec	k if no S	SN				
0777		•	•																							
STEP 4	Contact in	nformation and ac	dult signa	ture. I	Mail co	omple	te form	ı to: W	/ashing	ton La	tin PC	S, 5200	2 nd St	reet,	NW, Was	hingto	n, DC	2001 ⁻	Attn:	Martita	a Flemii	ng				
		on on this application is t lose meal benefits, and I								on is give	n in conn	nection with	h the rece	eipt of	Federal funds	s, and tha	t school	officials	may verif	y (check)	the inform	ation. I am	aware th	at if I pu	urposely (give
Street Address (if a	vailable)		Apt #	#			City					State		Z	lip		Da	ytime	Phone a	nd Emai	il (optiona	al)				

Printed name of adult signing the form

Signature of adult

Today's date

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 they earn a salary or wages									
 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									

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income								
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits 								
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	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 								

Date

OPTIONAL Children's Racial and Ethnic Identities

OFFICIAL	Cilidicit's Nacial and Lumic Identities	
Responding to the	is section is optional and does not affect your children's eligibility for fre	rmation is important and helps to make sure we are fully serving our community. e or reduced price meals.
Ethnicity (check or Race (check one c	10).	Black or African American
not have to give the in meals. You must inclusing the application. The behalf of a foster child Assistance for Needy (FDPIR) case number member signing the application of the lunch and breakfas nutrition programs to horogram reviews, and In accordance with Fernand policies, the USDA administering USDA p disability, age, or reprifunded by USDA.	ell National School Lunch Act requires the information on this application. You do formation, but if you do not, we cannot approve your child for free or reduced price de the last four digits of the social security number of the adult household member who he last four digits of the social security number is not required when you apply on or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Families (TANF) Program or Food Distribution Program on Indian Reservations or other FDPIR identifier for your child or when you indicate that the adult household opplication does not have a social security number. We will use your information to is eligible for free or reduced price meals, and for administration and enforcement of st programs. We MAY share your eligibility information with education, health, and nelp them evaluate, fund, or determine benefits for their programs, auditors for law enforcement officials to help them look into violations of program rules. deral civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations A, its Agencies, offices, and employees, and institutions participating in or rrograms are prohibited from discriminating based on race, color, national origin, sex, sal or retaliation for prior civil rights activity in any program or activity conducted or	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, 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.
Do not fill out	For School Use Only	

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

	, 0_	, – · ·	•	often?						Eligibility	<u>r: </u>
otal Income	W	/eekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied
		0	0	0	0		Categorica	l Eligibility	0	0	0
Determining Official's Signature		Da	ate		(Confirming Official's	s Signature	Date	Ver	ifying (Official's Signature