2022-23 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form



STEP 1 List AL	L Household Members who are infants, ch	ildren, and student	ts up to and including grade	12 (if more spaces ar	e required for additional nar	mes, attach anothe	sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, ever 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.		MI	Child's Last Name	q assistance program	s: SNAP, TANF, or FDPIR?	Grade Yes	Ident? No Child Migrant Child Runaw Homeles Migrant Runaw D A A B A B A B A B A B A B A B A B A
	If NO > Go to STEP 3. If Y	ES > Write a case	number here then go to STEP	4 <u>(</u> Do <u>not complete STE</u>	Case Number:	Write on	y one case number in this spac
Are you unsure what income to include here? Flip the page and review the charts titled "Sources	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members (inc List all Household Members not listed in STEI for each source in whole dollars (no cents) on Name of Adult Household Members (First and Last)	receive income. Pleas •luding yourself) P 1 (including yourself	se include the TOTAL income rec	ne. For each Household I	\$ O		
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.		\$		\$		\$	
STEP 4 Contact	Total Household Members (Children and Adults) information and adult signature. Send C	Primary Wage Earne	Social Security Number (SSN) of er or Other Adult Household Memb			Check if no SSN	Street, NW DC 20011
	nation on this application is true and that all income is repor nay lose meal benefits, and I may be prosecuted under appl Apt #				and that school officials may verify (ch	, 	aware that if I purposely give
` '	<u>'</u>			•	-	,	

Today's date

Signature of adult

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			

S	ources of Income for Ad	dults
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

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Children's Racial and Ethnic Identities

OFFICIAL	Cilidien's Nacial and Ethinic Identities				
•	I to ask for information about your children's race and ethnicity. This inforn his section is optional and does not affect your children's eligibility for free				
Ethnicity (check one	´ — Π Λeian Π Β	lack or A	frican American		
ive the information, bu	Il National School Lunch Act requires the information on this application. You do not have to t if you do not, we cannot approve your child for free or reduced price meals. You must is of the social security number of the adult household member who signs the application. The	TARGET 877-8339	Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) .		
ast 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 lood 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 diministration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with ducation, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs,			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-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (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:		
n accordance with fed olicies, this institution	views, and law enforcement officials to help them look into violations of program rules. eral civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and is prohibited from discriminating on the basis of race, color, national origin, sex ity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.		U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410		
Iternative means of co	ay be made available in languages other than English. Persons with disabilities who require immunication to obtain program information (e.g., Braille, large print, audiotape, American d contact the responsible State or local Agency that administers the program or USDA's	fax: email: This instit	(833) 256-1665 or (202) 690-7442; or program.intake@usda.gov. ution is an equal opportunity provider.		
Do not fill and					

Do not fill out For School Use Only

Annual Income Conversion: Weekly x	52, Every 2 Weeks x 26	i, Twice a Month x 24 Monthly x 12			
•	How often?	•		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household Size		Free Reduced Denied	
	0 0 0 0	Categorical Eligi	bility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date