

**Child's First Name** 

## 202**5-26** Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Child's Last Name

STEP 1	List ALL Hous
A Classic	cal Education for the Modern
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Definition of Household

if not related."

**Member**: "Anyone who is living with you and shares income and expenses, even

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)

Homeless,

Migrant,

Child Runaway

Foster

Student?

Yes No

Grade

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.									Check all that a
STEP 2 Do any I	Household Members (including	you) currently	participate in	one or more of the f	ollowing assist	ance program	s: SNAP, TANF, or	FDPIR?	
	If NO > Go to STEP 3.			number here then go to	o STEP 4 <u>(</u> Do <u>no</u>	complete STE	P 3) Case Nui		nly one case number in this space.
STEP 3 Report In	A. Child Income Sometimes children in the housel Household Members listed in STE B. All Adult Household Mem	nold earn or receiv EP 1 here. n <b>bers (includi</b> r	ve income. Pleasong yourself)	e include the TOTAL inc	·		Child income	How often?  Weekly Bi-Weekly 2x Month Monthly	
Are you unsure what income to include here?	List all Household Members not li for each source in whole dollars (			e income from any sou			ve any fields blank, you		ere is no income to report.
Flip the page and review the charts titled "Sources of Income" for more information.	Name of Adult Household Members (Fi	rst and Last)	Earnings from Work	How often?  Weekly Bi-Weekly 2x Month		lic Assistance/ d Support/Alimony	How often?  Weekly Bi-Weekly 2x Month	Monthly Pensions/Retirement/ All Other Income	How often?  Weekly Bi-Weekly 2x Month Monthly
The "Sources of Income for Children" chart will help you with the Child		\$		0 0 0	<b>S</b>		0 0 0	\$ \$	0 0 0 0
Income section.  The "Sources of Income		\$		0 0 0	\$		0 0 0	\$	0 0 0 0
for Adults" chart will help you with the All Adult Household Members section.		\$ \$		0 0 0	\$ <b>\$</b>		0 0 0	\$	0 0 0 0
	Total Household Members (Children and Adults)			ocial Security Number (Ser or Other Adult Househo		( x x )	X X	Check if no SSN	
STEP 4 Contact information and adult signature. Send Completed Form by e-mail to mfleming@latinpcs.org or by mail to Martita Fleming, Washington Latin, 5200 2nd Street, NW DC 20011  "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 (if available)	Apt#		City		State	Zip	Daytime P	hone and Email (optional)	
Printed name of adult signing	the form		Signature of ac	lult			Today's da	ate	

## Frequently Asked Questions

How do the students in my household qualify for free lunch? If your household participates in SNAP. TANF, or meets the Federal Income Eligibility Guidelines to the right, students in your household can receive free lunch.

Do I have to reapply even if I was approved last year? Yes. An application must be submitted each school year.

If my household income changes during the year, may I reapply for meal benefits? Yes. If the size of your household increases, someone in your household begins receiving state assistance, or if your household income changes, you may reapply.

Will the information I give be checked? Yes, we may ask for documentation to verify the information provided on the application at any time during the school year.

Who should I contact if I have questions about the meals program? Please contact Martita Fleming at 202-223-1111 or by email at mfleming@latinpcs.org.

Federal Income Eligibility Guidelines 25/26						
Household Size	Annual Income	Monthly Income	Twice Per Month	Bi-Weekly Income	Weekly Income	
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557	
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753	
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949	
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144	
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340	
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536	
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731	
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927	
Each additional person	+\$10,175	+\$848	+\$424	+\$392	+\$196	

## **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 eligibil	ity 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	Black or African American	Native Hawaiian or Other Pacific Islander	☐ White

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 or you 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. Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals. If completing an application for these children, contact FNS for information.

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'sTARGET 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/ad-3027.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:

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

program.intake@usda.gov. email:

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 How often? **Total Income** Bi-Weekly 2x Month Monthly **Household Size** 

Categorical Eligibility

Eligibility: Reduced Denied

Date

Date

**Determining Official's Signature** 

Date Confirming Official's Signature

Verifying Official's Signature