2018-2019 Application for Free and Reduced Price School Meals

Printed name of adult signing the form

Complete one application per household. Please use a pen (not a pencil). INCOMPLETE APPLICATIONS WILL BE DENIED.

**If you received notification this school year that your child(ren) is approved for free meals – do NOT complete this form.

Today's date

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) Homeless Student? Foster Migrant, Child's First Name MI Child's Last Name School & District Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even apply if not related." all that a 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. STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR Case Number: If NO CASE NUMBER > Go to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3) Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered STEP 2) STEP 3 How often? A. Child Income Weekly Bi-Weekly 2x Month Monthly Child income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) Are you unsure what income to include here? 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 any fields blank, you are certifying (promising) that there is no income to report. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Earnings from Work Bi-Weekly 2x Month | Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Name of Adult Household Members (First and Last) Weekly Weekly 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 **Total Household Members** Last Four Digits of Social Security Number (SSN) of (Children and Adults) Χ Primary Wage Earner or Other Adult Household Member Check if no SSN Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL "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) Daytime Phone and Email (optional) Apt # City State Zip

Signature of adult

Total Income

Determining Official's Signature

How often?

Date

Weekly Bi-Weekly 2x Month Monthly

| Sources of Income for Children | | Sources of Income for Adults | | |
|--|--|---|--|---|
| Sources of Child Income | Example(s) | Earnings from Wo | rk Public Assistano Alimony / Child Su | e / Pensions / Retirement / oport All Other Income |
| - Earnings from work - Social Security | A child has a regular full or part-time job where they earn a salary or wages 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 A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust | - Salary, wages, cash bonuses - Net income from self employment (farm or business) If you are in the U.S. M - Basic pay and cash bor (do NOT include combat press or privatized housin allowances) - Allowances for off-base housing, food and clothing | - Unemployment ber - Worker's compens - Supplemental Seculation (SSI) - Cash assistance fr State or local government - Alimony payments - Child support payn - Veteran's benefits | - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income |
| thnicity (check one): Hispanic or La | requires the information on this application. You do cannot approve your child for free or reduced price security number of the adult household member who courity number is not required when you apply on ion Assistance Program (SNAP), Temporary of Distribution Program on Indian Reservations rotalid or when you indicate that the adult household security number. We will use your information to oce meals, and for administration and enforcement of religibility information with education, health, and rmine benefits for their programs, auditors for | Persons with disabilities large print, audiotape, A applied for benefits. Indi through the Federal Re available in languages of To file a program comp Form, (AD-3027) found office, or write a letter ac form. To request a copy USDA by: mail: U.S. Departr | who require alternative means of comerican Sign Language, etc.), shoud uslay Service at (800) 877-8339. It is that English. Jaint of discrimination, complete the soline at: http://www.ascr.usda.gov/cdressed to USDA and provide in the of the complaint form, call (866) 630 ment of Agriculture | or Other Pacific Islander White Ommunication for program information (e.g. Braille, uld contact the Agency (State or local) where they ng or have speech disabilities may contact USDA Additionally, program information may be made the USDA Program Discrimination Complaint complaint_filing_cust.html, and at any USDA to letter all of the information requested in the 2-9992. Submit your completed form or letter to |
| accordance with Federal civil rights law and U.S. Dep nd policies, the USDA, its Agencies, offices, and empl dministering USDA programs are prohibited from disc sability, age, or reprisal or retaliation for prior civil rigl | partment of Agriculture (USDA) civil rights regulations oyees, and institutions participating in or | 1400 Indepe | Assistant Secretary for Civil Righ ndence Avenue, SW D.C. 20250-9410 | :s |
| inded by USDA. | | fax: (202) 690-74- email: program.intak This institution is an equ | e@usda.gov. | |
| Do not fill out FOR OFFICIAL US | hts activity in any program or activity conducted or | email: program.intal This institution is an equ | e@usda.gov. | onth x 24 Monthly x 12) |

Free

Household Size

Confirming Official's Signature

Reduced Denied

Date

Results:

No Change

☐ Ineligible – Reason:

Verifying Official's Signature

 $\Box F \rightarrow R$

 \square R \rightarrow F

Date