## 2022-2023 Application for Free and Reduced Price School Meals

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.

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 MI Child's Last Name School & District Grade Student?

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even 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.	Child's First Name	MI		ild's La			sipate i	in one	or m			& Dis		ıg ass	sistan	ce pro	grams		Gra		Yes		Check all that apply	Foster Child	Homeless Migrant, Runaway
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)  Liquid to STEP 3. If CASE NUMBER > Write one case number here, then go to STEP 4 (Do not complete STEP 3)																									
A. 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.  Are you unsure what income to include here?  A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Schild income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Sometimes children in the household earn or receive income. Please include the TOTAL income received by all  Sometimes children in the household Members (including yourself)  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) 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.																									
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)		Earnings fro	m Work	Weekly	1	often? 2x Month	Monthly				stance/ ort/Alimo	ony	Weekly		often?	h Monthly			sions/Ret	irement/ me	Weekly	_	v often?	onth Monthly
of Income" for more information.		\$			0	0	0	0	,	6				0	0	0	0	\$	3			0	0	С	0
The "Sources of Income for Children" chart will		\$			0	0	0	0		5				0	0	0	0	\$	5			0	0		
help you with the Child Income section.		\$			0	0	0	0		5				0	0	0	0	\$	5				0		
The "Sources of Income for Adults" chart will help		\$			0	0	0	0		6				0	0	0	0	• •	5						
you with the All Adult Household Members section.		 			0	0	0	0		_				0	0	0	0	•							
Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  X X X X  Check if no SSN																									
STEP 4 Contact in	nformation and adult signature (all ap	plicati	ons MU	IST be S	SIGNE	D by a	n adul	t mem	ber o	f the	ho	useh	old)				PROV	IDE C	OMF	LETE	D FO	RM TO	THE	SCHC	<u>OL</u>

"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 Phone and Email (optional)
Printed name of adult signing the fo	rm	Signature of adult			Today's date

## **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 they earn a salary or wages									
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>									
-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									

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Sources of Income for Adults										
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)	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or								
If you are in the U.S. Military:	- Cash assistance from State or local government	disability benefits  - Regular income from trusts or estates  - Annuities								
Basic pay and cash bonuses     (do NOT include combat pay,     FSSA or privatized housing     allowances)     Allowances for off-base     housing, food and clothing	Alimony payments     Child support payments     Veteran's benefits     Strike benefits	Investment income     Earned interest     Rental income     Regular cash payments from outside household								

**OPTIONAL** 

Children's Racial and Ethnic Identities

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Bla	ack or African American   Native Hawaiian or Other Pacific Islander   White
Race (check one or more): American Indian or Alaskan Native Asian	
The Richard B. Russell National School Lunch Act requires the information on this application. You do	In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this
not have to give the information, but if you do not, we cannot approve your child for free or reduced price	institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual
meals. You must include the last four digits of the social security number of the adult household member who	orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
signs the application. The last four digits of the social security number is not required when you apply on	Program information may be made available in languages other than English. Persons with disabilities who require alternative
behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary	means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should
Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations	contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice

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.

m (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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.

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:

1.mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2.fax: (833) 256-1665 or (202) 690-7442; or 3.email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out	FOR OFFIC	CIAL USE ONLY					(Annu	(Annual Income Conversion: Weekly x 52, Bi-weekly x 26, Twice a Month x 24, Mon							
Categorically Eligible				Eligibility					Date 1 <sup>st</sup> Notice Sent:	Г	Date 2 <sup>nd</sup> Notice Sent:				
		How often?    Weekly   Bi-Weekly   2x Month   Monthly		Household Size	Free	Reduced	Denied		Results: □ No Change □ Ineligible – Reas		□ F→ R n:	□ R→ F	] R <b>→</b> F		
Determining Official's Sign	ature	Date		Confirming Official's	Signat	ure		Date	Verifying Official's Sign	nature		Date			