2018-2019 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, chi	ildren, and studen	ts up to and inc	luding grade	12 (if more spaces a	are required for additional na	ames, attach anothe	er sheet of paper)
Definition of Household	Child's First Name	MI Child's L	ast Name		School & Distri	ct	Grade So	Homeless student? Foster Migrant, s No Child Runaway
Member: "Anyone who is living with you and shares income and expenses, even								
if not related." Children in Foster care and								all that apply
children who meet the definition of Homeless , Migrant or Runaway are								Check all th
eligible for free meals. Read How to Apply for Free and Reduced Price School								5 0
Meals for more information.								
STEP 2 Provide 0	case number if any Household Members	(including you) cu	rrently participa	ate in one or	more of the followin	g assistance programs: SNA	AP, TAFI, or FDPIR	
If NO CASE NUMB	ER > Go to STEP 3. If CASE NUMBER :	> Write <u>one</u> case r	number here, then	go to STEP 4	(Do not complete STE	Case Number:		
STEP 3 Report G	ROSS Income (before deductions) for ALL	Household Membe	ers (Skip this step	o if you answe	redSTEP 2)			
	A. Child Income Sometimes children in the household earn or r Household Members listed in STEP 1 here. B. All Adult Household Members (incl		se include the TOT	AL income rece	ived by all	Child income Weekly \$	How often? Bi-Weekly 2x Month Monthly O O	
Are you unsure what income to include here?	List all Household Members not listed in STEF for each source in whole dollars (no cents) onl	1 (including yourself	ve income from an	y source, write		ive any fields blank, you are certif		nere is no income to report.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How of Weekly Bi-Weekly	ften? 2x Month Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$	0 0	0 0	\$	0 0 0 0	\$	0 0 0 0
The "Sources of Income for Children" chart will help you with the Child		\$	0 0	0 0	\$	0 0 0 0	\$	0 0 0 0
Income section. The "Sources of Income		\$	0 0	0 0	\$	0 0 0 0	\$	0 0 0 0
for Adults" chart will help you with the All Adult Household Members		\$	0 0	0 0	\$	0 0 0 0	\$	0 0 0 0
section.		\$	0 0	0 0	\$	0 0 0 0	\$	0000
	Total Household Members (Children and Adults)	Last Four Digits of S Primary Wage Earn			er XXX	X X	Check if no SSN	
CTED 4								

Contact information and adult signature (all applications MUST be SIGNED by an adult member of the household)

"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 form	n	Signature of adult			Today's date

Total Income

Determining Official's Signature

How often?

Date

Weekly Bi-Weekly 2x Month Monthly

Sources of Inc		Sources of Income for Adults					
Sources of Child Income	Example(s)	Earnings from Wo	rk Public Assistance / Alimony / Child Support	Pensions / Retirement / 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 bon (do NOT include combat press for off-base housing, food and clothing food a	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household			
thnicity (check one): Hispanic or Laterace (check one or more): American Interace (check one or more): American Interaction and the Richard B. Russell National School Lunch Actor thave to give the information, but if you do not, we cleals. You must include the last four digits of the social segms the application. The last four digits of the social segmant of a foster child or you list a Supplemental Nutrit esistance for Needy Families (TANF) Program or Focial Policy (TANF) case number or other FDPIR identifier for you ember signing the application does not have a social etermine if your child is eligible for free or reduced price lunch and breakfast programs. We MAY share you utrition programs to help them evaluate, fund, or deterogram reviews, and law enforcement officials to help	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	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:	who require alternative means of commun merican Sign Language, etc.), should con viduals who are deaf, hard of hearing or helay Service at (800) 877-8339. Addition	ication for program information (e.g. Braille, tact the Agency (State or local) where they have speech disabilities may contact USDA nally, program information may be made DA Program Discrimination Complaint nt_filling_cust.html, and at any USDA all of the information requested in the			
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	, ,		Assistant Secretary for Civil Rights ndence Avenue, SW				
	oyees, and institutions participating in or	•	D.C. 20250-9410 12; or e@usda.gov.				
unded by USDA. Do not fill out FOR OFFICIAL US	oyees, and institutions participating in or riminating based on race, color, national origin, sex, hts activity in any program or activity conducted or	Washington, fax: (202) 690-74- email: program.intak This institution is an equ	D.C. 20250-9410 12; or e@usda.gov.	c 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