## 2020-2021 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.

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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)

Definition of <b>Household</b>	Child's First Name	MI	C	hild's La	ast Nan	ne			5	Scho	ol & l	Distric	t						Grad	de	S: Yes	tudent?		Fost Chi	er Mi	meless igrant, unaway
Member: "Anyone who is living with you and shares income and expenses, even																							]			
if not related."																							) \due			
Children in <b>Foster care</b> and children who meet the definition of <b>Homeless</b> ,																							all that apply			
Migrant or Runaway are eligible for free meals. Read																							Check			
How to Apply for Free and Reduced Price School Meals for more information.																		]								
0777																										
STEP 2 Provide of	case number if any Household Memb	ers (inc	luding	ງ you) cເ	urrently	/ partic	ipate in	n one o	r mo	re of	f the f	ollowi	ng as	sistar	ice p	rogra	ıms:	SNAF	Ρ, ΤΑ	AFI, c	r FDP	IR				
If NO CASE NUMBI	ER > Go to STEP 3. If CASE NUMBE	ER > V	Vrite <u>on</u>	<u>ıe</u> case n₁	umber h	ere, the	en go to S	STEP 4	( <u>Do ı</u>	not co	omple	te STE	<u>P 3</u> )	C	ase I	Numb	er:									
STEP 3 Report G	ROSS Income (before deductions) for A	ALL Hou	sehold	Membe	rs (Skip	this ste	ep if you	ıanswe	ered!	STEP	2)															
	A. Child Income												C	hild inco	ome		Weekl	_	w ofte	_	Monthly					
	Sometimes children in the household earn Household Members listed in STEP 1 here		ve incom	ne. Please	e include	the TO	TAL inco	me rece	ived I	by all			\$				0	С	) (	0	0					
	B. All Adult Household Members (i								_																	
Are you unsure what income to include here?	List all Household Members not listed in S for each source in whole dollars (no cents)		_			e from a	ny source							fields b	lank,	you ar					_		no inc	ome to	repor	,
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and La	st)	Earnings f	from Work	Weekly		often?	Monthly			Assistan Support/A		Weekly	Hov Bi-Week	y often		onthly			ions/Re ther Inco	tirement/ ome	Wee		How ofte Veekly 2x		Monthly
of Income" for more information.		\$			0	0	0	0	\$				0	0		) (	C	\$					) (	) (	0	0
The "Sources of Income for Children" chart will		\$			0	0	0	0	\$				0	0		) (		\$					) (	) (	0	0
help you with the Child Income section.		\$			0	0	0	0	\$				0	0		) (		\$					) (	) (	0	0
The "Sources of Income for Adults" chart will help		\$				0	0	0	\$				0	0		) (		\$					) (	) (		0
you with the All Adult Household Members section.		\$				0	0	0	\$				0	0		) (		\$					) (	) (		0
	Total Household Members																					] [				
	(Children and Adults)			Digits of Salage Earne		•	•	,	er	Χ	X	x 2	х					Chec	k if n	o SSN						
STEP 4 Contact in	nformation and adult signature (all a	pplicati	ions M	UST be	SIGNE	D by ar	n adult	memb	er of	the	hous	ehold)	)			<u>PR</u>	OVII	DE CC	OMP	LETE	D FO	RM T	O TH	E SCI	100L	=
	ion on this application is true and that all income is re- lose meal benefits, and I may be prosecuted under					on is giver	n in conne	ction with	the re	eceipt o	of Fede	ral funds	, and tha	t schoo	l officia	als may	verify	(check)	the in	nformat	ion. I am	aware	that if I	purpose	ely give	i
Street Addres	ss (if available) Apt #			City				State			Zi	р		Г	Day	time F	hone	and E	Email	l (opti	onal)					
Printed name	of adult signing the form			Signatur	e of adu	ılt								L	Tod	ay's d	ate									
														1												

Sources of In	come for Children	S	ources of Income for Ac	dults
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses		- Social Security (including railroad
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	Net income from self- employment (farm or business)  If you are in the U.S. Military:	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from
Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	State or local government - Alimony payments - Child support payments	trusts or estates - Annuities - Investment income
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	Veteran's benefits     Strike benefits	<ul><li>Earned interest</li><li>Rental income</li><li>Regular cash payments</li><li>from outside household</li></ul>
sponding to this section is optional and inicity (check one): $\Box$ Hispanic or La	out your children's race and ethnicity. This info does not affect your children's eligibility for from	ee or reduced price meals.  Black or African American	Native Hawaiian or Other	Pacific Islander  White
e are required to ask for information abore sponding to this section is optional and unicity (check one):  Hispanic or Lace (check one or more):  Richard B. Russell National School Lunch Act	out your children's race and ethnicity. This info does not affect your children's eligibility for frontino   Not Hispanic or Latino	Black or African American  Persons with disabilities who requal large print, audiotape, American	Native Hawaiian or Other lire alternative means of communicate Sign Language, etc.), should contact	Pacific Islander White tion for program information (e.g. Braille the Agency (State or local) where the
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Date 1st Notice Sent: Date 2<sup>nd</sup> Notice Sent: Categorically Eligible Eligibility: How often? Reduced Denied **Total Income** Results: 

No Change  $\square R \rightarrow F$  $\Box F \rightarrow R$ **Household Size** Weekly Bi-Weekly 2x Month Monthly ☐ Ineligible – Reason: Date Date Date Confirming Official's Signature Verifying Official's Signature **Determining Official's Signature**