Application for Free and Reduced-Price School Meals 2024-2025

Complete one application per household. Please use a PEN(NOT PENCIL). PRINT NEATLY.



STEP1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name										МІ		Chil	Child's Last Name														Homeles Foster Migrant Child Runawa															
Definition of Household Member : "Anyone who is	ſ	T																																								
living with you and shares income and expenses,	Ī	Ī	T	Ī	Ī	Ī	Ī				Ī	Ī											T																apply			
even if not related." Children in Foster care	Ţ	Ī	T	Ī	Ī	İ	Ť		Ī		T	Ť	Ī							İ	Ì		Ť	Ì	Ì	Ì			Ì		Ì								allthatap			
and children who meet the definition of Homeless , Migrant or Runaway are	Ī	Ť	寸	Ħ	Ť	Ŧ	Ŧ	t	T		Ħ	Ť	Ť													Ì													Checka			
eligible for free meals.	F	t	\dagger	┪	\pm	$\frac{+}{1}$	÷	÷	\overline{T}		寸	十	t	\overline{T}											$^+$				+						_		_		\exists			
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STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No																																										
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STEP 3 Report I	Inc	٦m.	e fo	or A	TIT	Ηοι	ısel	old	Me	mhe	ere ((Skir	this	sten	if v	ou an	16/1/	erec	ł 'Ye	s' to	STE	P 2)														te om	y one (raigit	ase	Turribe	
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Are you unsure what	Sc	meti	imes	chil							me. I	Pleas	e incl	ude th	e To	OTAL	GR	oss	incor	ne ea	arned	by a	II Chi	ldre			hild GF	ROSS	Sincom	ne	Week			2x Mont	:h Monf	thly						
income to include here?							d in S							- 10												\$) (<u>) </u>	\bigcirc								
Flip to the back of this application and review	Lis	B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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 repo																																								
the charts titled "Sources of Income" for more	an	d de	duct	ions) for e	ach	sourc	e in v	hole	dolla		IY. If t	•	o not r	ece	ive inc		e troi How of	•	/ soui	rce, w	rite '		•	enter		or lea	ve a	•	elds ofter		t, you	are	•	٠.	romisi ns/Retir	0,	at the		ow oft		report.
information. The "Sources of Income	Na	me o	f Adu	ılt Ho	ouseho	old Me	ember	s (Firs	t and	Last)	E		gs from	Work	١	Neekly	Bi-W	eekly	2x Mont	th Mon	ithly	•			port/Ali		Wee	ekly E	Bi-Weel	kly 2x	Month	Month	nly			er Incom		Week	dy Bi-We	ekly 2	x Month	Monthly
for Children" chart will help you with the Child Income Section.	Ļ									_	\$ [\subseteq		<u>) </u>	$\frac{\bigcirc}{\bigcirc}$			\$						$\stackrel{\bigcirc}{=}$) (\subseteq)	>	$\stackrel{ ightarrow}{=}$	\neq	\perp			<u>) </u>	\subseteq	\subseteq
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STEP 4 Contact	STEP 4 Contact information and adult signature OFFICE USE ONLY																																									
	I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given n connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely							1	_	jibilit <u>y</u>			_	Reduc			Den	ied	_									□Er	ror-F	rone												
give false information, my children	give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."								Determining Official's Signature: Date:																																	
Signature of adult completing the form Today's date											□Income Application																															
	Household Size: Per: \[\] Week \[\] Bi-Weekly (Every 2 Weeks) \[\] 2x Month \[\] Monthly \[\] Annual									al																																
Printed name of adult completing the form Daytime Phone and Email (optional)								1					Select																													
Street Address (if available) Apt # City State Zip									Confirming Official's Signature: Date: Date:																																	

Sources of Income for Children											
Type of Income	Examples										
Earnings from work	A child has a job where they earn a salary or wages.										
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.										
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.										
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.										
Income from any other source	A child receives income from a private pension fund, annuity or trust.										

Sources of Income for Adults												
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income										
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)										
- Net income from self- employment (farm or business)	- Workers Compensation	- Private Pensions or disability										
If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates										
- Basic pay and cash bonuses (do not include combat pay,	- Cash Assistance from State or local	- Annuities										
FSSA, or privatized housing allowances)	government	- Investment Income										
-Allowances for off-base	- Alimony payments	- Earned Interest										
housing, food and clothing	- Child support payments - Veteran's benefits	- Rental Income										
	- Strike benefits	- Regular cash payments from outside household										

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 eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino

Race (check one or more):				
☐ American Indian or Alaskan Native	☐ Asian	☐ 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.

☐ Not Hispanic or Latino

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin. sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally. program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.