## 2016-2017 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

STEP 1 List ALL	Household Members who are infants, ch	nildren, and studen	ts up to and including	g grade 12 (if	more spaces are req	uired for additional nam	es, attach another sheet of pap	er)
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	Child's Last Name	bllowing assis	tance programs: SN	AP, TANF, or FDPIR?		Homeless Migrant, Child Runawa
	If NO > Go to STEP 3. If Y	<b>'ES &gt;</b> Write a case	number here then go to	STEP 4 (Do n	ot complete STEP 3)	Case Number:		
			Ŭ		· · · · · · · · · · · · · · · · · · ·		Write only one case number	er in this space
STEP 3 Report In	ncome for ALL Household Members (Skip tl	his step if you answe	ered 'Yes' to STEP 2)					
Are you unsure what income to include here?	A. Child Income     Sometimes children in the household earn or Household Members listed in STEP 1 here.      B. All Adult Household Members (included List all Household Members not listed in STE for each source in whole dollars (no cents) or the state of the	cluding yourself) P 1 (including yourself	r) even if they do not rece	ive income. For ce, write '0'. If yo	* all \$ [	r listed, if they do receive in		to report.
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month	Monthly C	nild Support/Alimony Weekly	Bi-Weekly 2x Month Monthly		2x Month Monthly
information.		\$	0 0 0	\$		0 0 0	\$ 0	0 0
The "Sources of Income for Children" chart will		\$	0 0 0	\$	0	0 0 0	\$ 0	0 0
help you with the Child Income section.		\$	0 0 0	\$		0 0 0	\$ 0 0	0 0
The "Sources of Income for Adults" chart will help		\$		S .		0 0 0	\$	
you with the All Adult Household Members section.		\$	0 0 0	S .		0 0 0	\$	0 0
STEP 4 Contact	Total Household Members (Children and Adults)		Social Security Number (S er or Other Adult Househo		x x x x x	CH	eck if no SSN	
'I certify (promise) that all informa	tion on this application is true and that all income is repo y lose meal benefits, and I may be prosecuted under app			ection with the rece	pipt of Federal funds, and that	t school officials may verify (che	ck) the information. I am aware that if I purpo	osely give
Street Address (if available)	Apt #	City		State	Zip	Daytime Phone and Er	nail (optional)	
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Today's date

Signature of adult

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				
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<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				

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

OPTIONAL	Children's Racial and Ethnic Identities					
Responding to the Ethnicity (check to	this section is optional and does not affect your children's eligibility for free one):  Hispanic or Latino  Not Hispanic or Latino	nation is important and helps to make sure we are fully serving our community. or reduced price meals.  lack or African American  Native Hawaiian or Other Pacific Islander  White				
not have to give the meals. You must inc signs the application. behalf of a foster chi Assistance for Need (FDPIR) case numb member signing the determine if your chithe lunch and break nutrition programs to program reviews, ar In accordance with Fand policies, the US administering USDA	seell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price dude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on all or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary by Families (TANF) Program or Food Distribution Program on Indian Reservations er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to all dis eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for ad law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	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:  mail:  U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410  fax:  (202) 690-7442; or  email: program.intake@usda.gov.  This institution is an equal opportunity provider.				
Do not fill out	For School Use Only					
unnual Income Canvarsion: Wookly v 52. Evany 2 Wookle v 26. Twice a Month v 24 Monthly v 12						

Allinda income Conversion. Weekly X 3		often?	X 20,	, Twice a Month X 24 Monthly X 12		Eligibility:	
Total Income	Weekly Bi-Weekly	2x Month	Monthly	Household Size		Free Reduced Denied	
	0 0	$\circ$	$\bigcirc$	Categorical Eligik	oility	0 0 0	
Determining Official's Signature	Date		(	Confirming Official's Signature	Date	Verifying Official's Signature	Date