2018-2019 Prototype 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, cl	nildren, and students up to	o and including grade 12	(if more spaces are requ	uired for additional name	s, attach another sh	eet of paper)
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	Child's First Name		d's Last Name			Grade Studen	Homeless
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.		contly participate in one of	r more of the following as	Sistance programs: SN	AP TANE or EDDIP2		Check at
O.L. 2 Board			er here then go to STEP 4 (Do		Case Number:	Write only or	e case number in this space
STEP 3 Report I	ncome for ALL Household Members (Skip t	his step if you answered 'Y	es' to STFP 2)				
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn of Household Members listed in STEP 1 here. B. All Adult Household Members (included in STE Included in STE Include	cluding yourself) EP 1 (including yourself) even i	f they do not receive income. F	\$ [hild income Weekly Bi-Wer T listed, if they do receive inco		
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work Week	ly Bi-Weekly 2x Month Monthly		Bi-Weekly 2x Month Monthly		eekly Bi-Weekly 2x Month Monthly
information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members							
STEP 4	Total Household Members (Children and Adults)		ner Adult Household Member	X X X X X	Chec	ck if no SSN	3 0 0 0
'I certify (promise) that all informa	information and adult signature. Returnation on this application is true and that all income is report and lose meal benefits, and I may be prosecuted under applications.	orted. I understand that this informa			t school officials may verify (check)) the information. I am awa	re that if I purposely give
		1 1			1		

Today's date

Signature of adult

Sources of Inc	come for Children	Sources of Income for Adults			
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 - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	- 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 Regular cash payments from outside household	
 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				
-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				
OPTIONAL Children's Racial and Ethn	ic Identities				
	ut your children's race and ethnicity. This info		to make sure we are fully so	erving our community.	
(thnicity (check one): Hispanic or Lat	1 1	51	3 11	5 5 11 1 5	

ng our community. American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Race (check one or more): Persons with disabilities who require alternative means of communication for program information (e.g. Braille, The Richard B. Russell National School Lunch Act requires the information on this application. You do large print, audiotape. American Sign Language, etc.), should contact the Agency (State or local) where they not have to give the information, but if you do not, we cannot approve your child for free or reduced price applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA meals. You must include the last four digits of the social security number of the adult household member who through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made signs the application. The last four digits of the social security number is not required when you apply on available in languages other than English. 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 To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA member signing the application does not have a social security number. We will use your information to office, or write a letter addressed to USDA and provide in the letter all of the information requested in the determine if your child is eligible for free or reduced price meals, and for administration and enforcement of form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to the lunch and breakfast programs. We MAY share your eligibility information with education, health, and USDA by: nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for U.S. Department of Agriculture mail: program reviews, and law enforcement officials to help them look into violations of program rules. Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW 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 Washington, D.C. 20250-9410 administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, fax: (202) 690-7442; or disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or program.intake@usda.gov. email: funded by USDA. This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date
	0 0 0 0	Categorical E	igibility	0 0 0	
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household Size		Free Reduced Denied	
	How often?	-		Eligibility:	
Annual Income Conversion: Week	dv x 52. Everv 2 Weeks x 26	i, Twice a Month x 24 Monthly x 12			