

2017-2018 Application for Free and Reduced Price School Meals

Complete one application per *household*. Please use a pen (no pencil).

****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, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet 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 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	Student Y/N	Grade	School Name	Foster (X) if YES

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR? Circle one: Yes / No

If you circled 'No' in Step 2 then Complete STEP 3. If you circled 'Yes' then write case number and go to STEP 4 (**Do not complete STEP 3**) Case Number:

Write only one case number in this space. Quest Card # Not Allowed

STEP 3 Report GROSS (before Deductions) Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced Price School Meals** for more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household receive and/or earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\$

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income 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 report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 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 completing the form

Signature of adult completing the form

Today's date

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
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

INCOMPLETE APPLICATIONS WILL BE DENIED You will receive a letter when you are approved or denied; until that time, you are responsible for any charges.

1. 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).
 2. If applicable, list a current food stamp, FDPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed).
 - 3 **A)** Report all income earned by all children. Child income is money received from outside your household that is paid directly to your children; this includes but is not limited to earnings from work and social security (disability payments or survivor's benefits).
 - 3 **B)** Please include ALL members in your household who are living with you and share income and expenses, even if not related and even if they do not receive income of their own. DO NOT include children and students already listed in Step 1.
- Income:** Report all amounts in **gross income** (before taxes and premiums) only. Report all income in whole dollars. Do not include cents. Mark how often each type of income is received using the check boxes to the right of each field.
 If you are **self-employed**, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number **MUST** be equal to the number of household members listed in Step 1 and Step 3. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
Provide the last four digits of your social security number. The household's primary wage earner or another adult household member must enter the last four digits of their social security number in the space provided. If no adult household members have a social security number, leave this space blank and mark the box to the right labeled "Check if no SS#."
4. All applications must be signed by an adult member of the household. By signing the application that household member is promising that all information has been truthfully and completely reported.

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.

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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.

Official Use Only – Do Not Write in Boxes Below

Household Determination: <input type="checkbox"/> Foster Student(s): _____ <input type="checkbox"/> Food Stamp/TAFI/FDPIR <input type="checkbox"/> Income: Total Income \$ _____ Frequency _____ # in Household _____		Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12	Signature of Confirming Official: *Must be a different individual than the Determining Official <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Date 1st Notification Sent:</td> <td style="width: 50%; border: none;">Date 2nd Notification Sent:</td> </tr> </table> Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible – Reason: _____		Date 1st Notification Sent:	Date 2nd Notification Sent:
Date 1st Notification Sent:	Date 2nd Notification Sent:					
Approved: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals Withdrawal Date: _____	Denied: <input type="checkbox"/> Income over Allowed <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other _____	Date Notice Sent:				
Signature of Determining Official: *Must be a different individual than the Confirming Official		Date Determined:				
Signature of Verifying Official: *Can be same as Determining Official		Date:				