Printed name of adult signing the form

Available online at:

Today's date

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finition of Household	Child's First Name			MI	Child's	Last Name	e [pre	ess spac	ebar to	advance] :	chool I	Name (Abbr.)	Grade	this so	chool disti No	rict?	Foster Child	Migrar Runaw
mber: "Anyone who is ng with you and shares																				
ne and expenses, even related."																		apply		
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n who meet the on of Homeless ,																		ck all	Ш	
t or Runaway are for free meals. Read Apply for Free and																		Check		
ed Price School or more information.																				
P 2 Do any	Household Members (including you)	ı) curr	rently	partici	ipate in	one or m	ore of th	e follov	ving as	sistanc	e prog	ırams:	SNAP	, TANF	, or FE	OPIR?	YES		NO	
			Ĭ		•															
	If you answered NO > Complete STEP 3.	lf :	you an	swered	YES > W	/rite a case r	number he	re then g	o to STE	² 4 <u>(Do no</u>	t comp	lete STE	<u>:P3)</u>	Case No	umber:					
_																Write only	y one cas	e numbe	er in this	зрасе.
P3 Report	Income for ALL Household Mem	bers	(Ski	o this s	step if y	you answ	ered 'Y	es'to	STEP 2	2)										
	A. Child Income														v often?					
	7 ti Olinia moonio																			
	Sometimes children in the household earn or	r receive	e incom	e. Pleas	e include	the TOTAL in	come rece	ived by a	II	•	Child in	come	Wee	kiy Bi-weeki	y 2x Month	Monthly				
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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				
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				

S	ources of Income for Ad	dults
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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
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 clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income 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 ÁNot Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native ##Nsian ###Nsian ###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.

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:

mail civil rights complaints only to: 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

Annual Income Conversion: Weekly	52, Every 2 Weeks x 26	6, Twice a Month x 24 Monthly x 12	E0 - 9- 99	
	How often?	· _	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household Size	Free Reduced Denied	
	0 0 0 0	Categorical Eligibility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date