



**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.)**

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	School	Grade	Mark if Applicable	
					Foster?	Homeless, Migrant or Runaway

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: (mark which program) SNAP, TANF, or FDPIR?**

IF NO > Go to STEP 3      If YES> Write a case number here then go to STEP 4 (Do not complete STEP 3)      Case Number: \_\_\_\_\_

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)**

**A. Child Income:** Sometimes children in the household earn or receive income. Please include the TOTAL income received by children.

Child's Income: \$ \_\_\_\_\_

How often?	Wk	BiWk	2xMo	Mo.

**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 receive income, report total income for each source in whole dollars (no cents) only. Check how often income is received. 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.

Are you unsure what income to include here?  
Flip the page and review the charts titled "Sources of Income" for more 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 section.

Name of Each Adult Household Member (First and Last) <i>A household member is anyone who is living with you and shares income and expenses, even if not related.</i>	Gross Wages from Work					Net Income from Farm or Self-Employment <i>(after business expenses)</i> Annual	Other Support					All other Income				
	Gross Pay <i>(before deductions)</i> <i>Do not enter hourly wage</i>	How Often?					Public Assistance/ Child Support/ Alimony	How Often?				Pension/ Retirement/ Disability/ Veteran's Benefits	How Often?			
		Wk	BiWk	2xMo	Mo.			Wk	BiWk	2xMo	Mo.		Wk	BiWk	2xMo	Mo.
	\$					\$	\$					\$				
	\$					\$	\$					\$				
	\$					\$	\$					\$				
	\$					\$	\$					\$				

Total Household Members \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X – XX- \_\_\_\_\_ (X if NO Social Security Number)

**STEP 4 Contact information and adult signature. Mail Completed Form to: INSERT SCHOOL NAME AND ADDRESS HERE**

"I certify (promise) that all information on this application is true and correct and all household members and incomes are 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."

Signature of Adult (Form must be signed to be complete.) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

**Do Not Fill Out - For School Use Only**

Annual Income Conversion: (Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12) Total Income \_\_\_\_\_ Approval: Case Number \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

**Sources of Income**

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

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 ( <u>Farm or Business</u> : use the number from Form 1040, Line 6; <i>if number is negative, write in \$0</i>  <u>If you are in the U.S. Military:</u> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- 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 - 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. *If you do not select race or ethnicity, one will be selected for you based on visual observation.*

Ethnicity (Check one)  Hispanic or Latino  Not Hispanic or Latino

Race (Check one or more)  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

**Program**

**Assurances and Rights**

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](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](mailto:program.intake@usda.gov)

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