2022-2023 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online:

finition of Household ember: "Anyone who is	Child's First Name	MI Child's Last Na	ame	DOB	School Nan	ne	Grade	Student? Yes No	Foster Migrant, Child Runawa
ng with you and shares some and expenses, even								2	
related."								all that apply	
dren who meet the nition of Homeless ,								k all th	
rant or Runaway are ble for free meals. Read v to Apply for Free and								Check	
luced Price School als for more information.					1				
TEP 2 Do any I			· · · · · · · · · · · · · · · · · · ·						-
Do any P	Household Members (including you) c	currently participate	In one or more of the foll	lowing assistan	ce programs: SNA	AP, TANF, OF FUPIR	2		
	If NO > Go to STEP 3.	If YES > Write a cas	se number here then go to S	STEP 4 <u>(</u> Do <u>not c</u>	omplete STEP 3)	Case Number:			
							W	rite only one case n	umber in this space
TEP 3 Report Ir	ncome for ALL Household Members (Ski	ip this step if you ans	wered 'Yes' to STEP 2)						
	A. Child Income				Ch	nild income Weekly	How often? Bi-Weekly 2x Month Mo	onthly	
					01	ind income weeky	Di Woony ZA Wonut We	onuny	
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Printed name of adult signing the form

Signature of adult

Today's date

Sources of Ind	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	 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
 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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing		

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 A	laskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	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 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 program sto 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, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (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: Week	kly x 52, Every 2 We	eeks x 26	, Twice a Month x 24 Monthly x	12			
	How ofte	en?	-		Eligibility:		
Total Income	Weekly Bi-Weekly 2x	Month Monthly	Household Size		Free Reduced Denied		
	\bigcirc \bigcirc \bigcirc	0 0	Categori	ical Eligibility	$\circ \circ \circ$		
Determining Official's Signature	Date	C	Confirming Official's Signature	Date	Verifying Official's Signature	Date	