2020-2021 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online:

Today's date

Printed name of adult signing the form

STEP 1 List Al	L Household Members who are infants,	children, and stude	ents up to and including grade 12 (if more spaces are require	d 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. STEP 2 Do any h	Household Members (including you) curre	ently participate in o	Child's Last Name The property of the following assistance programs: SNAP, TANF	,
	NO > Go to STEP 3 If Y	'ES > Write a case r	number here then go to STEP 4 (Do not complete STEP 3)	e Number: Write only one case number in this space.
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		cluding yourself) P 1 (including yourself)	even if they do not receive income. For each Household Member listed, if the income from any source, write '0'. If you enter '0' or leave any fields bland How often? Public Assistance/ How often	they do receive income, report total gross income (before taxes) k, you are certifying (promising) that there is no income to report.
you with the All Adult Household Members section.		\$	0000 \$ 00	\$ 0 0 0 0 0
'I certify (promise) that all inform	information and adult signature. MAIL Cation on this application is true and that all income is reportly lose meal benefits, and I may be prosecuted under app	Primary Wage Earne OMPLETED FORM TO Yeted. I understand that this	information is given in connection with the receipt of Federal funds, and that school offi	Check if no SSN icials may verify (check) the information. I am aware that if I purposely give time Phone and Email (optional)

Signature of adult

Sources of Inc	come for Children	So	ources of Income for Ad	ults	
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	- 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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	- Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits		
-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, FSSA or privatized housing			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and dothing	- Strike benefits		
esponding to this section is optional and of this think think think the contract of the contra		ee or reduced price meals.	_	_	
/e are required to ask for information aboresponding to this section is optional and thinicity (check one):	does not affect your children's eligibility for fre	Black or African American	Native Hawaiian or Other	Pacific Islander	
/e are required to ask for information aboresponding to this section is optional and thinicity (check one):	tino Not Hispanic or Latino Indian or Alaskan Native Asian requires the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary do Distribution Program on Indian Reservations	Persons with disabilities who requesting print, audiotape, American applied for benefits. Individuals we through the Federal Relay Servavailable in languages other than to file a program complaint of disabilities.	Native Hawaiian or Other ire alternative means of communicating Language, etc.), should contact ho are deaf, hard of hearing or have ince at (800) 877-8339. Additionally English.	Pacific Islander Whit with the Agency (State or local) where e speech disabilities may contact U y, program information may be n program Discrimination Complaint	
/e are required to ask for information above esponding to this section is optional and atthnicity (check one): Hispanic or Lattace (check one or more): American In the Richard B. Russell National School Lunch Actace (the Actace of the Act	does not affect your children's eligibility for free tino Not Hispanic or Latino andian or Alaskan Native Asian requires the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary do Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of religibility information with education, health, and	Persons with disabilities who requal large print, audiotape, American applied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than To file a program complaint of deform, (AD-3027) found online at: 1 office, or write a letter addressed to	Native Hawaiian or Other ire alternative means of communicating Language, etc.), should contact ho are deaf, hard of hearing or have ince at (800) 877-8339. Additionally English.	Pacific Islander Whit with the Agency (State or local) where e speech disabilities may contact U g, program information may be re- program Discrimination Complaint filing_cust.html, and at any USDA of the information requested in the	
The Richard B. Russell National School Lunch Act to thave to give the information. The last four digits of the social sensitiation of the Act o	tino Not Hispanic or Latino Indian or Alaskan Native Asian Inrequires the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary Indian Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of or eligibility information with education, health, and mine benefits for their programs, auditors for them look into violations of program rules.	Persons with disabilities who requals. Persons with disabilities who requals applied for benefits. Individuals with the Federal Relay Servavailable in languages other than To file a program complaint of deform, (AD-3027) found online at: 1 office, or write a letter addressed to form. To request a copy of the country of Agents and the form of	Native Hawaiian or Other ire alternative means of communicating Language, etc.), should contact the are deaf, hard of hearing or have ince at (800) 877-8339. Additionally English. Iiscrimination, complete the USDA Forther://www.ascr.usda.gov/complaint_for USDA and provide in the letter all of mplaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights	Pacific Islander Whi with the Agency (State or local) where e speech disabilities may contact by program information may be a program Discrimination Complaint filing_cust.html, and at any USDA of the information requested in the	
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Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Determining Official's Signature	ı	Date			Confirming Official's Signature	Date	Ve	rifying (Offici
	0	0	0	0	Categorical	Eligibility	0	0	0
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied
Annual income Conversion: weekly	X 32, EV	,	often?	, x 20,	Twice a Month x 24 Monthly x 12			Eligibility	/:

Verifying Official's Signature Date