## 2022-23 Household Application for Free and Reduced Price School Meals

Today's date

Printed name of adult signing the form

	on per household. Please use a pen	(not a pencil).			
STEP 1 List ALL I	lousehold Members who are infants, ch	ildren, and students	s up to and including grad	e 12 (if more spaces are required for additional na	mes, attach another sheet of paper)
Definition of <b>Household</b>	Child's First Name	МІ	Child's Last Name		Grade Student? Foster Migrant Yes No Child Runawa
Member: "Anyone who is living with you and shares income and expenses, even					
if not related."  Children in <b>Foster care</b> and					all that apply
children who meet the definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are					Check all Check
eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.					
STEP 2 Do any H	ousehold Members (including you) curre	ently participate in o	one or more of the following	ng assistance programs: SNAP, TANF, or FDPIR?	
	If NO > Go to STEP 3. If Y	ES > Write a case r	number here then go to STEF	4 (Do not complete STEP 3)	
_					Write only one case number in this space
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if you answer	red 'Yes' to STEP 2)		
Are you unsure what income to include here?		luding yourself) P 1 (including yourself)	even if they do not receive inco		
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often?  Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income
of Income" for more information.	Name of Addit Household Members (First and East)	\$		\$ OOOO	\$ O O O
The "Sources of Income for Children" chart will help you with the Child		\$	0 0 0 0	\$ 0000	\$ 0000
Income section.  The "Sources of Income		\$	0 0 0 0	\$ 0000	\$ 0000
for Adults" chart will help you with the All Adult Household Members section.		\$		\$ 0 0 0 0 0 0 s	\$ 0 0 0 0
Section.		<b>4</b>			•
	Total Household Members (Children and Adults)		ocial Security Number (SSN) of er or Other Adult Household Mem	ber XXXX XXX	Check if no SSN
STEP 4 Contact in	formation and adult signature. Mail Co	ompleted Form To:	INSERT YOUR SCHOOL	DISTRICT MAILING ADDRESS HERE	
	on on this application is true and that all income is repor lose meal benefits, and I may be prosecuted under appl		•	ith the receipt of Federal funds, and that school officials may verify (c	neck) the information. I am aware that if I purposely give
Street Address (if available)	Apt#	City	Stat	e Zip Daytime Phone and	Email (optional)

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	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>				
-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 (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     Regular income from			
- 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	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 Responding to this section is optional and does not affect your children's eligibility for free or re-	·
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
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, this institution is prohibited from discriminating on the basis of 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	Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (833) 256-1665 or (202) 690-7442; or

Annual Income Conversion: Weekly x	-	Week	s x 26	, Twice a Month x 24 Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Week		Monthly	Household Size  Categorical Eligil	hility	Free Reduced Denied	
Determining Official's Signature	Signature Date Confirming Official			Confirming Official's Signature	Date	Verifying Official's Signature	Date