Printed name of adult signing the form

Available online at:

Today's date

Complete one application per household. Please type or use a pen (not a pencil). 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 of paper) Student attends Migrant Worker. this school district? Foster Homeless **Child's First Name** Child's Last Name [press spacebar to advance] School Name (Abbr.) Grade Definition of Household Child Yes No Runaway 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 Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? NO Case Number: If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) If you answered NO > Complete STEP 3. Write only one case number in this space. Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) STEP 3 How often? Weekly Bi-Weekly 2x Month Monthly Child income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. 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 do receive income, report total gross income (before taxes) Are you unsure what income to include here? for each source in whole dollars (no cents) only. 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Name of Adult Household Members (First and Last) Earnings from Work Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly Weekly 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 vou with the All Adult Household Members section Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Contact information and adult signature. Mail Completed Form To: "I certify (promise) that all information on this application is true and that all income is 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." Street Address (if available) Apt# City State 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 SecurityDisability PaymentsSurvivor'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 (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 are specified to this section is optional and does not affect your children's eligibility for fre				
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino				
Race (check one or more): American Indian or Alaskan Native Asian Bl	lack 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	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.			
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	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:			
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.	mail civil rights complaints only to: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights			
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	1400 Independence Avenue, SW Washington, D.C. 20250-9410			
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.	fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.			

Do not im out	For School Use Only	

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 How often?								Eligibility:	
Total Income	Weekly	Bi-Weekly	1	Monthly	Annual	Household Size		Free Reduced Denied	
							Categorical Eligibility		
Determining Official's Signature		ate			Confirm	ing Official's Signature	Date	Verifying Official's Signature	Date