2021-2022 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP1 List ALL	nfants, children, and students up to and including gra	ade 12 in your l	r household (if more spaces are required 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.	Child's First Name	MI Child	d's Last Name School Name Foster Child					
STEP 2 Do any H	ousehold Members (including you) currently partici	pate in one or i	r more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / N	No				
	If you answered NO > Complete STEP 3. If you answered	YES > Write a cas	ase number here then go to STEP 4 (Do not complete STEP 3)					
		_	Write only one case number in this	space.				
STEP 3 Report In	come for ALL Household Members (Skip this step it	f you answered '	l 'Yes' to STEP 2)					
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 Adult Household Members Income Section.	and deductions) for each source in whole dollars only. If they do not re Name of Adult Household Members (First and Last) GROSS Earnings from Work S Ear	ey do not receive i eccive income from How often Weekly Bi-Weekly 2x OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Security Number (SSN) of Security Nu	to report.				
STEP 4 Contact information and adult signature <u>Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS</u>								
"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." OFFICE USE ONLY								
Mailing Address (Required) Apt # City State Zip Selected For Verification: Confirming Official's Signature: Date: Date:Date:Date:								

INSTRUCTIONS Sources of Income

S	ources of Income for Children	Sources of Income for Adults			
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
Earnings from work	A child has a job where they earn a salary or wages.	 Salary, wages, cash bonuses Net income from self- employment (farm or business) 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 	- Unemployment benefits	 Social Security (including railroad retirement and black lung benefits) 	
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.		- Supplemental Security	- Private Pensions or disability - Regular income from trusts or estates	
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.		- Cash Assistance from State or local government	- Annuities - Investment Income	
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.		Alimony paymentsChild support payments	- Earned Interest - Rental Income	
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Veteran's benefits - Strike benefits	- 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.

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 A

□ 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 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, 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.