

Definition of Household Member. “Anyone who is living with you & 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.

Child's Name	Age	Write name of child's school, or "not in school"	If student write in the grade	Foster Child	Homeless Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

If you answered NO > Complete STEPS 3 and 4. IF YES > Write your 9-digit SNAP, TANF, or FDIPIR case number here then go to STEP 4
(Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

A. Child Income

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 you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Name of Adult Household Members (First and Last)	Earnings from Work			How often?			Public Assistance/ Child Support/Alimony			How often?			Farming/ Retirement/Other Income			How often?			Total Household Members (Children and Adults)
	Weekly	Bs-Weekly	2x-Monthly	Monthly	Weekly	Bs-Weekly	2x-Monthly	Monthly	Weekly	Bs-Weekly	2x-Monthly	Monthly	Weekly	Bs-Weekly	2x-Monthly	Monthly	Annually		
	\$																		
	\$																		
	\$																		
	\$																		
	\$																		

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN ☐

STEP 4: Contact information and adult signature.

"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)		City		State		Zip		Daytime Phone and Email (optional)	
Apt #									
Printed name of adult completing the form		Signature of adult completing the form (Required)							
		Today's Date							

INSTRUCTIONS: Sources of Income

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
- Income from person outside the household
 - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from any other source
 - A friend or extended family member regularly gives a child spending money
 - 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)
- If you are in the U.S. Military:
 - Basic pay and cash bonuses (do NOT include combat pay, F SSA or privatized housing allowances)
 - Allowances for off-base housing, food and clothing

- 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

OPTIONAL: Children's Racial and Ethnic

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 Other Pacific Islander ☐ White

Civil Rights: Information if you have a complaint

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, audiotope, 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: How to File a Complaint, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:

How Often? Categorical Free Eligibility: (Select 1) Income Eligibility: (Select 1)

Weekly

Bi-Weekly

2xMonth

Monthly

Annual

Household Size

Household

Foster

Homeless

Runaway

Migrant

SNAP/TANF /FDIR

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date