## **2022-2023 Prototype Household Application for Free and Reduced Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Apply online:

| on of Household   | Child's First Name  |  | MI   | Child's                      | Last Name                                    |                            |   |   |   |                               |  |                           | Gra                    | iae  | Yes                                    | No       |                | Foster<br>Child      |         |
|---|---|--|--|------------------------------|--|----------------------------|---|---|---|-------------------------------|--|---------------------------|------------------------|--|--|----------|----------------|----------------------|---------|
| er: "Anyone who is<br>vith you and shares   |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          |                |                      |         |
| nd expenses, even ted."   |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          | apply          |                      |         |
| n Foster care and who meet the  |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          | all that apply |                      |         |
| of Homeless,<br>or Runaway are  |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          | Check all      |                      |         |
| or free meals. Read<br>Apply for Free and   |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          | ь<br>С         |                      | ]       |
| d Price School<br>or more information.  |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          |                |                      |         |
|   |   |  |  |                              |  |                            | • •   |   |   |                               |  |                           |                        |  |  |          |                |                      |         |
| Do any H  | ousehold Members (including you) curi   | rently part  | icipate in   | one or mo                    | ore of the fo                                | bllowing                   | assistar  | ice prog                                | grams: S  | NAP, I                        | ANF, or                                | FDPIR?                    |                        |  |  |          |                |                      |         |
|   | NO > Go to STEP 3 If  | YES > W  | /rite a case   | number he                    | ere then go to                               | o STEP 4                   | (Do <u>not</u>  | complete                                | STEP 3  | , (                           | ase Nu                                 | mber:                     |                        |  |  |          |                |                      |         |
|   |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        | V  | Nrite onl                              | y one ca | ase num        | nber in t            | th      |
| <b>3</b> Report In  | ncome for ALL Household Members (Skip   | this step if   | youanswe   | ered 'Yes'                   | to STEP 2)                                   |                            |   |   |   |                               |  |                           |                        |  |  |          |                |                      |         |
| •   |   |  |  |                              |  |                            |   |   |   |                               |  |                           |                        |  |  |          |                |                      |         |
|   |   |  |  |                              |  |                            |   |   |   |                               |  |                           | How oft                | ten?   |  |          |                |                      |         |
|   | A. Child Income<br>Sometimes children in the household earn of  | or receive in  | come. Pleas  | e include th                 | he TOTAL inc                                 | come recei                 | ved bv al   | I                                       |   | Child inc                     | ome                                    | Weekly                    | How oft<br>Bi-Weekly 2 |  | Monthly                                |          |                |                      |         |
|   | A. Child Income<br>Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.  |  | come. Pleas  | e include th                 | he TOTAL inc                                 | come recei                 | ved by al   | I                                       | ę   |                               | ome                                    | Weekly                    | 1                      |  | Monthly                                |          |                |                      |         |
|   | Sometimes children in the household earn of   |  |  | e include th                 | he TOTAL inc                                 | come recei                 | ved by al   | I                                       | S   |                               | ome                                    | Weekly                    | 1                      |  | Monthly                                |          |                |                      |         |
| unsure what   | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br>B. All Adult Household Members (in<br>List all Household Members not listed in ST  | <b>icluding y</b><br>EP 1 (includ  | <b>ourself)</b><br>ling yourself                           | ) even if the                | ey do not rece                               | eive incom                 | e. For ea   | ch House                                | ehold Mer   | nber liste                    | d, if they d                           | do receive                | Bi-Weekly 2            | report to  | O otal gros                            |          |                |                      |         |
| unsure what<br>o include here?  | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br>B. All Adult Household Members (in   | <b>icluding y</b><br>EP 1 (includ  | <b>ourself)</b><br>ling yourself                           | ) even if the                | ey do not rece                               | eive incom                 | e. For ea<br>0'. If you   | ch House<br>enter '0' d                 | ehold Mer<br>or leave a   | nber liste                    | d, if they d                           | do receive                | Bi-Weekly 2            | report to<br>mising)                               | otal gros                              |          | o incom        |                      | Э       |
| unsure what<br>o include here?<br>bage and review<br>is titled "Sources   | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br>B. All Adult Household Members (in<br>List all Household Members not listed in ST  | EP 1 (including year)  | <b>ourself)</b><br>ling yourself                           | ) even if the<br>ve income f | ey do not rece<br>from any sou               | eive incom<br>rce, write ' | e. For ea<br>0'. If you<br>Public                               | ch House                                | ehold Mer<br>or leave a   | nber liste<br>ny fields<br>Ho | d, if they o<br>blank, you             | do receive<br>a are certi | Bi-Weekly 2            | report to  | otal gros<br>that the                  |          | o incom<br>Hov | ne to re             | 9 <br>? |
| unsure what<br>b include here?<br>hage and review<br>s titled "Sources<br>e" for more   | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br><b>B. All Adult Household Members (in</b><br>List all Household Members not listed in ST<br>for each source in whole dollars (no cents) of | EP 1 (including year)  | <b>ourself)</b><br>ling yourself<br>do not recei           | ) even if the<br>ve income f | ey do not rece<br>from any sou<br>How often? | eive incom<br>rce, write ' | e. For ea<br>0'. If you<br>Public                               | ch House<br>enter '0' o<br>c Assistance | ehold Mer<br>or leave a   | nber liste<br>ny fields<br>Ho | d, if they o<br>blank, you<br>v often? | do receive<br>a are certi | Bi-Weekly 2            | report to<br>mising)                               | otal gros<br>that the                  | re is no | o incom<br>Hov | ne to re<br>v often? | ep<br>? |
| unsure what<br>b include here?<br>wage and review<br>s titled "Sources<br>e" for more<br>on.<br>urces of Income<br>ren" chart will  | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br><b>B. All Adult Household Members (in</b><br>List all Household Members not listed in ST<br>for each source in whole dollars (no cents) of | EP 1 (includ<br>only. If they<br>Eamir   | <b>ourself)</b><br>ling yourself<br>do not recei           | ) even if the<br>ve income f | ey do not rece<br>from any sou<br>How often? | eive incom<br>rce, write ' | e. For ea<br>0'. If you<br>Public<br>Child                      | ch House<br>enter '0' o<br>c Assistance | ehold Mer<br>or leave a   | nber liste<br>ny fields<br>Ho | d, if they o<br>blank, you<br>v often? | do receive<br>a are certi | Bi-Weekly 2            | report to<br>mising)                               | otal gros<br>that the                  | re is no | o incom<br>Hov | ne to re<br>v often? | ep<br>? |
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| insure what<br>b include here?<br>age and review<br>s titled "Sources<br>" for more<br>on.<br>rces of Income<br>en" chart will<br>with the Child<br>ection.<br>rces of Income<br>" chart will help<br>the All Adult                                     | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br><b>B. All Adult Household Members (in</b><br>List all Household Members not listed in ST<br>for each source in whole dollars (no cents) of | s       s       s       s       s       s  | <b>ourself)</b><br>ling yourself<br>do not recei           | ) even if the<br>ve income f | ey do not rece<br>from any sou<br>How often? | eive incom<br>rce, write ' | e. For ea<br>0'. If you<br>Public<br>\$<br>\$<br>\$<br>\$       | ch House<br>enter '0' o<br>c Assistance | ehold Mer<br>or leave a   | nber liste<br>ny fields<br>Ho | d, if they o<br>blank, you<br>v often? | do receive<br>a are certi | Bi-Weeky 2             | report to<br>mising)                               | otal gros<br>that the                  | re is no | o incom<br>Hov | ne to re<br>v often? | ep<br>? |
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| unsure what<br>to include here?<br>page and review<br>rts titled "Sources<br>me" for more<br>tion.<br>burces of Income<br>dren" chart will<br>u with the Child<br>section.<br>burces of Income<br>ts" chart will help<br>n the All Adult<br>old Members | Sometimes children in the household earn of<br>Household Members listed in STEP 1 here.<br><b>B. All Adult Household Members (in</b><br>List all Household Members not listed in ST<br>for each source in whole dollars (no cents) of | Implementation     Implementation       Implementation     Implementatio | ourself)<br>ting yourself<br>do not recei<br>ngs from Work | ) even if the ve income f    | ey do not rece<br>from any sou<br>How often? | Monthly                    | e. For ea<br>0'. If you<br>Public<br>\$<br>\$<br>\$<br>\$<br>\$ | ch House<br>enter '0' o<br>c Assistance | ehold Mer<br>prileave a<br>mony We<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>( | nber liste<br>ny fields<br>Ho | d, if they o<br>blank, you<br>v often? | do receive<br>a are certi | Bi-Weeky 2             | x Month N report to mising) sions/Retin ther Incor | otal gros<br>that the<br>rement/<br>me | re is no | o incom<br>Hov | ne to re<br>v often? | 9 <br>? |

| Sources of Inc  | Sources of Income for Adults  |   |  |   |  |
|---|---|---|--|---|--|
| Sources of Child Income   | Example(s)  | Earnings from Work  | Public Assistance /<br>Alimony / Child Support   | Pensions / Retirement /<br>All Other Income   |  |
| - Earnings from work  | - A child has a regular full or part-time job<br>where they earn a salary or wages  | - Salary, wages, cash<br>bonuses  | <ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> </ul>                         | - Social Security<br>(including railroad  |  |
| <ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul> | <ul> <li>A child is blind or disabled and receives Social<br/>Security benefits</li> <li>A parent is disabled, retired, or deceased, and<br/>their child receives Social Security benefits</li> </ul> | <ul> <li>Net income from self-<br/>employment (farm or<br/>business)</li> <li>If you are in the U.S. Military:</li> </ul> | Supplemental Security Income (SSI)     Cash assistance from State or local government            | retirement and black lung<br>benefits)<br>- Private pensions or<br>disability benefits<br>- Regular income from |  |
| -Income from person outside the household   | - A friend or extended family member<br>regularly gives a child spending money  | - Basic pay and cash bonuses<br>(do NOT include combat pay,<br>FSSA or privatized housing                                 | <ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul> | trusts or estates<br>- Annuities<br>- Investment income<br>- Earned interest                                    |  |
| -Income from any other source   | - A child receives regular income from a private pension fund, annuity, or trust  | allowances)<br>- Allowances for off-base housing,<br>food and clothing  | - Strike benefits  | <ul> <li>Rental income</li> <li>Regular cash payments</li> <li>from outside household</li> </ul>                |  |

## **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 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, 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 Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/ documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

\*Only use this address if you are filing a

complaint of discrimination

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 Use Only

| Annual Income Conversion: Weekly x | 52, Every 2 Weeks x 2<br>How offen? | 6, Twice a Month x 24 Monthly x 12 |               | Eligibility:                   |      |
|------------------------------------|-------------------------------------|------------------------------------|---------------|--------------------------------|------|
| Total Income                       | Weekly Bi-Weekly 2x Month Mon       | Household Size                     |               | Free Reduced Denied            |      |
|                                    | $\circ \circ \circ \circ$           | Categorica                         | l Eligibility | $\circ \circ \circ$            |      |
| Determining Official's Signature   | Date                                | Confirming Official's Signature    | Date          | Verifying Official's Signature | Date |
|                                    |                                     |                                    |               |                                |      |