Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**If you received notification this school year that your child(ren) is approved for free meals – do NOT complete this form.

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)

Definition of Household	Child's First Name	МІ	Ch	ild's La	st Nan	ne			s	cho	ol & I	Distric	:t				C	Grade	S Ye:	tudent?		Foster Child	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares																							
income and expenses, even if not related."																					apply		
Children in Foster care and children who meet the definition of Homeless ,																					all that apply		
Migrant or Runaway are eligible for free meals. Read																					Check		
How to Apply for Free and Reduced Price School Meals for more information.																							
OTED 0																							
STEP 2 Provide of	case number if any Household Mo	embers (incl	uding	you) cu	rrently	y partic	ipate i	in one c	r mor	re of	the f	ollow	ing as	sistan	ce pro	grams	: SNAP	, TAFI,	or FDP	IR			
If NO CASE NUMB	ER > Go to STEP 3. If CASE NU	JMBER > W	rite <u>one</u>	e case nu	ımber h	nere, the	en go to	STEP 4	(<u>Do n</u>	not co	omplet	e STE	<u>P 3</u>)	Ca	se Nu	mber:							
STEP 3 Report G	ROSS Income (before deductions)	for ALL Hous	ehold <i>l</i>	Member	s (Skip	this st	ep if yo	ou answ	ered S	ТЕР	2)												
	A. Child Income																	often?					
	Sometimes children in the household Household Members listed in STEP 1		e incom	e. Please	include	the TO	TAL inc	come rece	eived b	y all			\$	hild incor	ne	Weel	dy Bi-Week	y 2x Month	Monthly				
	B. All Adult Household Membe	ers (including	g your	self)									Ψ										
Are you unsure what income to include here?	List all Household Members not listed for each source in whole dollars (no c																						
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First a	and Last) E	arnings fro	om Work	Weekly	1	often?	Monthly			Assistan		Weekly		often?	Monthly		Pensions/F All Other Ir	Retirement/	Weekl		w often?	
of Income" for more information.	Traine dividuit reduction members (i list a	\$			0		0	0	\$				0	0	0	0	\$				С) () ()
The "Sources of Income for Children" chart will		\$			0	0	0	0	\$				0	0	0	0	\$				C) C	
help you with the Child Income section.		\$				0	0	0	\$					0	<u> </u>	0	\$						
The "Sources of Income for Adults" chart will help		\$							\$ \$								\$						
you with the All Adult Household Members		\$							\$ [\$						
section.		Ψ __							Ψ								Ψ						
	Total Household Members (Children and Adults)			igits of So		-		•	er	Х	X	x	хх				Check	if no SS	N 🗆				
									L														
STEP 4 Contact i	nformation and adult signature (all application	ns ML	JST be S	SIGNE	D by a	n adul	t memb	er of	the l	hous	ehold)			PROV	DE CO	MPLET	ED FO	RM TC	THE	SCHC	OL
	ion on this application is true and that all incom					on is give	n in conn	nection with	the red	ceipt c	of Feder	ral funds	s, and tha	t school	officials n	nay verif	(check) t	he inform	ation. I am	aware th	nat if I pı	urposely	give
	lose meal benefits, and I may be prosecuted uss (if available) Apt #	штиег аррпсавте S		City	ws.			State	!	1 1	Zij	o			Daytim	e Phon	e and E	mail (op	tional)				
Printed name	e of adult signing the form			Signature	of adı	ılt									Today'	s date							
T THROW HUTTE			•	5																			

Date

Determining Official's Signature

	come for Children		S	ources of Income for Ad	ults
Sources of Child Income	Example(s)	E	arnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work - Social Security	A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Soc	bonuses	, wages, cash	- Unemployment benefits	Social Security (including railroad retirement and black lung
Disability Payments Survivor's Benefits	Security benefits - A Parent is disabled, retired, or deceased, at their child receives Social Security benefits	d employm business	nent (farm or i) e in the U.S. Military:	Worker's compensation Supplemental Security Income (SSI) Cash assistance from	benefits) - Private pensions or disability benefits - Regular income from
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pa (do NOT i	ay and cash bonuses nclude combat pay,	State or local government - Alimony payments - Child support payments	trusts or estates - Annuities - Investment income
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowance - Allowan	orivatized housing us) uces for off-base bood and clothing	Veteran's benefits Strike benefits	Earned interestRental incomeRegular cash paymentsfrom outside household
OPTIONAL Children's Racial and Ethr	nic Identities				
Ethnicity (check one): \square Hispanic or La	tino 🔲 Not Hispanic or Latino				
,	requires the information on this application. You do cannot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on cion Assistance Program (SNAP), Temporary and Distribution Program on Indian Reservations related or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of religibility information with education, health, and them look into violations of program rules. The program of the program and the program of them look into violations of program rules. The program of	Persons with large print, a applied for the interval of the in	audiotape, American Sig penefits. Individuals who Federal Relay Service at s other than English. gram complaint of discrir cR%20P-Complaint-Forr lov/oascr/how-to-file-a-pr o USDA and provide in the nt form, call (866) 632-99 U.S. Department of A Office of the Assistan 1400 Independence of Washington, D.C. 202 (202) 690-7442; or program.intake@usda	In Language, etc.), should contact the are deaf, hard of hearing or have set (800) 877-8339. Additionally, programmination, complete the https://www.usm-0508-0002-508-11-28-17Fax2Mail.orgram-discrimination-complaint, and the letter all of the information request 192. Submit your completed form or least 195 of the information request 195 of	n for program information (e.g. Braille, ne Agency (State or local) where they speech disabilities may contact USDA am information may be made available sada.gov/sites/default/files/documents/.pdf found online at: https://at any USDA office, or write a letter ted in the form. To request a copy of
Race (check one or more): American II The Richard B. Russell National School Lunch Act not have to give the information, but if you do not, we o meals. You must include the last four digits of the social se signs the application. The last four digits of the social se signs the application. The last four digits of the social se behalf of a foster child or you list a Supplemental Nutrit Assistance for Needy Families (TANF) Program or Foc (FDPIR) case number or other FDPIR identifier for you member signing the application does not have a social determine if your child is eligible for free or reduced pri the lunch and breakfast programs. We MAY share you program reviews, and law enforcement officials to help and policies, the USDA, its Agencies, offices, and empl administering USDA programs are prohibited from disc disability, age, or reprisal or retaliation for prior civil rig	requires the information on this application. You do cannot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary and Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of a religibility information with education, health, and minine benefits for their programs, auditors for them look into violations of program rules. Information be participating in or priminating based on race, color, national origin, sex, this activity in any program or activity conducted or	Persons with large print, applied for he through the in languages. To file a pro USDA-OAS www.usda.g addressed to the complain mail:	h disabilities who require audiotape, American Sig benefits. Individuals who Federal Relay Service at so other than English. gram complaint of discrir CR%20P-Complaint-Forr pov/oascr/how-to-file-a-pro USDA and provide in that form, call (866) 632-99 U.S. Department of A Office of the Assistan 1400 Independence A Washington, D.C. 202 (202) 690-7442; or program.intake@usdatitution is an equal opportant.	e alternative means of communication in Language, etc.), should contact the are deaf, hard of hearing or have sit (800) 877-8339. Additionally, programination, complete the https://www.usm-0508-0002-508-11-28-17Fax2Mail.ogram-discrimination-complaint, and he letter all of the information request 192. Submit your completed form or leagriculture in Secretary for Civil Rights Avenue, SW 250-9410	n for program information (e.g. Braille, ne Agency (State or local) where they speech disabilities may contact USDA am information may be made available sada.gov/sites/default/files/documents/.pdf found online at: https://at any USDA office, or write a letter ted in the form. To request a copy of
Race (check one or more): American II The Richard B. Russell National School Lunch Act not have to give the information, but if you do not, we depend the property of the social separation of the	requires the information on this application. You do cannot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on cinon Assistance Program (SNAP), Temporary and Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to one meals, and for administration and enforcement of or eligibility information with education, health, and remine benefits for their programs, auditors for them look into violations of program rules. Seartment of Agriculture (USDA) civil rights regulations oyees, and institutions participating in or riminating based on race, color, national origin, sex, hts activity in any program or activity conducted or	Persons with large print, applied for he through the in languages. To file a pro USDA-OAS www.usda.g addressed to the complain mail:	h disabilities who require audiotape, American Sig benefits. Individuals who Federal Relay Service at so other than English. gram complaint of discrir CR%20P-Complaint-Forr pov/oascr/how-to-file-a-pro USDA and provide in the form, call (866) 632-99 U.S. Department of A Office of the Assistant 1400 Independence A Washington, D.C. 202 (202) 690-7442; or program.intake@usdatitution is an equal opportation.	e alternative means of communication in Language, etc.), should contact the are deaf, hard of hearing or have sit (800) 877-8339. Additionally, programination, complete the https://www.usm-0508-0002-508-11-28-17Fax2Mail.ogram-discrimination-complaint, and he letter all of the information request 192. Submit your completed form or leagriculture in Secretary for Civil Rights Avenue, SW 250-9410	n for program information (e.g. Braille, ne Agency (State or local) where they speech disabilities may contact USDA am information may be made available asda.gov/sites/default/files/documents/.pdf found online at: https://at any USDA office, or write a letter ted in the form. To request a copy of etter to USDA by:

Confirming Official's Signature

Date

Verifying Official's Signature

Date