2017-2018 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Definition of Neverthald	Child's First Name	МІ	Child's Last Name			Grade Stud	i Oster iviigitarii
Definition of Household Member : "Anyone who is	\					Yes	No Child Runaw
living with you and shares income and expenses, even if not related."							
Children in Foster care and							at app
children who meet the definition of Homeless ,							Check 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.							
STEP 2 Do any l	Household Members (including you) curre	ently participate in	one or more of the fol	llowing assistance prograr	ms: SNAP, TANF, or FDPIR?		
	MANG COLD STEP O			OTED 4 (D	Case Number:		
	If NO > Go to STEP 3. If Y	ES > Write a case i	number here then go to	STEP 4 (Do not complete STE	EP 3) Case Number.	Write only	one case number in this space
STEP 3 Report I	ncome for ALL Household Members (Skip th	nis step if you answe	red 'Yes' to STEP 2)			,	
STEP 3 Reports			100 103 033121 2,			How often?	
	A. Child Income				Child income Weekly	Bi-Weekly 2x Month Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Please	e include the TOTAL inco	me received by all	\$	0 0 0	
	B. All Adult Household Members (inc	luding vourself)					
Ara vali upalira what							
Are you unsure what income to include here?	List all Household Members not listed in STER for each source in whole dollars (no cents) on	P 1 (including yourself)					
income to include here? Flip the page and review	for each source in whole dollars (no cents) on	P 1 (including yourself) lly. If they do not receiv	re income from any sourc How often?	e, write '0'. If you enter '0' or lea Public Assistance/	ave any fields blank, you are certify How often?	ying (promising) that there Pensions/Retirement/	e is no income to report. How often?
income to include here? Flip the page and review the charts titled "Sources of Income" for more		P 1 (including yourself) Ily. If they do not receiv Earnings from Work	e income from any sourc	e, write '0'. If you enter '0' or lea Public Assistance/ Child Support/Alimony	ave any fields blank, you are certify	ying (promising) that there Pensions/Retirement/ All Other Income	e is no income to report.
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Application #_____

Sources of Inc	come 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 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		
Social SecurityDisability PaymentsSurvivor's 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		

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

Of HONAL Children's flactal and Ethnic Identities				
We are required to ask for information about your children's race and ethnicity. This inf Responding to this section is optional and does not affect your children's eligibility for f	· · · · · · · · · · · · · · · · · · ·			
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			
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: 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 fill out For School Use Only				
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mo	inthly x 12			

Annual Income Conversion: Weekly	x 52, Every 2 Weeks x	26, Twice a Month x 24 Monthly x 12		FIGURE	
	How often?			Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Mor	hly Household Size		Free Reduced Denied	
	0 0 0 0	Categorical E	Eligibility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date