2022-2023 Application for Free and Reduced-Pice School Meals or Free Milk Completeone application perhousehold. Pleaseuse apen (not apencil).

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)

□New Applicant □ Previous Applicant

Printed name of adult completing the form	Street Address (if available)	STEP 4: Contact inform: "I certify (promise) that all may verify (check) the info	The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	The "Sources of Income for Children" chart will help you with the Child Income section.	Flip the page and review the charts titled "Sources of Income" for more information.	Are you unsure what income to include here?	STEP 2: Do any Household Members (incluifyou answered NO > Complete STEPS3 and 4.	Homeless, Migrant, or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	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
g the form	Apt#	STEP 4 : Contact information and adult signature. "I certify (promise) that all information on this application is true a may verify (check) the information. I am aware that if I purposely g	Total Household Members (Children and Adults)		List all Household Members not listed in STEI in whole dollars only. If they do not receive in Name of Adult Household Members (First and Last)	A. Child Income A. Child Income Sometimes children in the household earn or receive income. I all children listed in STEP 1 here. B. All Adulf Household Members (including yourself)	STEP 2: Do any Household Members (including you) currently part if you answered NO > Complete STEPS3 and 4. If YES > Write your 9-dig (Do not) (Do		Child's Name
Signature of adult completing the farm	City	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 informaty verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits,	\$ S S S S S S S S S S S S S S S S S S S		List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Hin whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields How often? Name of Adult Household Members (First and Last) Earnings from Work Weeky Bures Daviced Work Child Support Public Assistance.	A. Child Income A. Child Income Sometimes children in the household earn or received by all children listed in STEP 1 here. B. All Adult Household Members (including yourself)	STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid) If you answered NO > Complete STEPS3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3) **Write only o		Age Write name of child's school
	State Zip	at this information is given in con al benefits, and I may be prosecu	X X X X X X X X X X X X X X X X X X X		me. For each HouseholdMemberlisted, ave any fields blank, you are certifying Public Assistance Child Support Minory Viesly 5-Wesly DAVord	Child income	ce programs: SNAP, TANF, or I to STEP 4		hild's school, or "not in school"
Today's date	Daytime Phone and Email (optional)	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."	S Check if no SSN		List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total grossincome (before taxes) for each source, in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. How offen? Public Assistance Public Assistance Child Support Allmony Needy 5-Weedy 2-Weedy	How often? Weeky B-Weeky 2kthorn to-my Child income Weeky B-Weeky 2kthorn to-my Weeky B-Weeky 2kthorn to-my	FDPIR? (NOT Medicaid) Case Number: Write only one case number in this space.	Check	Write in the grade Child Runaw.

INSTRUCTIONS: Sources of Income

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

OPTIONAL: Children's Racial and Ethnic

Responding to this section is optional and does not affect your children's eligibility for free or reduced-premeals.	We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we a
	helps to make sure we are fully serving our community.

Race (check one or more): American Indian or Alaskan Native Asian	Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Black or African American	
☐ Native Hawaiian or Other Pacific Islander	
White	

Civil Rights: Information if you have a complaint

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. (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household 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 meals. You must include the last four digits of the social security number of the adult household member who not have to give the information, but if you do not, we cannot approve your child for free or reduced price The Richard B. Russell National School Lunch Act requires the information on this application. You do signs the application. The last four digits of the social security number is not required when you apply on

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or

> 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 available in languages other than English. through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made Persons with disabilities who require alternative means of communication for program information (e.g. Braille,

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:

āx program.intake@usda.gov Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 U.S. Department of Agriculture

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