2023-24 Prototype Household Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

tion of Household	Child's First Name	е			МІ	Child's	s Last Na	me									Gr	rade	Stu Yes	udent? No		Foster	Homele Migran Runaw
er: "Anyone who is with you and shares] Γ		
nd expenses, even ited."																					apply		
Foster care and																					all that ap		
meet the Homeless,																					ck all t		
naway are e meals. Read																					Check		
for Free and School information.																							
		(
Do any F	lousehold Members ((including y	ou) curren	ntly particip	bate in	one or n	nore of t	he follo	owing a	Issistai	nce pr	rograr	ms: SN/	AP, 1A	NF, or	FDPIR	?						
	If NO > Go to S	TEP 3.	If YES	S > Write	a case	number h	here then	go to S	TEP 4 <u>(</u>	Do <u>not o</u>	comple	ete STI	<u>EP 3</u>)	Ca	ase Nui	nber:							
																			Write on	ly one ca	ise num	ber in th	is space
3 Report In	come for ALL Househ	oldMember	s (Skipthis	s step if you	answe	red 'Yes	s' to STEP	2)									How o	often?					
	A. Child Income		1.1										С	hild incor	me	Weekly			Monthly				
1										ed bv al													
	Sometimes children in Household Members				c. 1 1005								\$				0	0	0				
		listed in STEP	91 here.							,			\$			0	0	0	0				
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INSTRUCTIONS Sources of Income

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

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):	Hisp
Race (check one or more):	\square

anic or Latino Dot Hispanic or Latino

Black or African American

Native Hawaiian or Other Pacific Islander

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:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (833) 256-1665 or (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 Monthly x 12

Total Income	How often?	Household Size		Free Reduced Denied	
	0 0 0	Cate	egorical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date