Printed name of adult signing the form

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

Available online at:

Today's date

Definition of Household	Child's First Name	MI	Child's Last Name	[press spacebar to advance]	School Name (Abbr.)	Grade Student attends this school district?	Migrant Wor Foster Homeless,
Member: "Anyone who is living with you and shares						Yes No	Child Runaway
income and expenses, even if not related."							2
Children in Foster care and							dd
children who meet the definition of Homeless,							
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	Household Members (including you) c	urrently partic	cipate in one or more	of the following assistance pr	ograms: SNAP, TANF	, or FDPIR? YES	NO
	If you answered NO > Complete STEP 3.	If you answere	d YES > Write a case num	nber here then go to STEP 4 (Do not cor	mplete STEP 3) Case N	lumber:	
						Write only one case nu	mber in this space.
STEP 3 Repor	Income for ALL Household Membe	rs (Skipthis	step if you answer	red 'Yes' to STEP 2)			
					Hoy	w often?	
	A. Child Income Sometimes children in the household earn or rec	eive income. Plea:	se include the TOTAL incon	ne received by all		kly 2x Month Monthly	
	Household Members listed in STEP 1 here.			\$		000	
Are you unsure what	B. All Adult Household Members (includ		N 164b 4	-			
income to include here?	List all Household Members not listed in STEP 1 for each source in whole dollars (no cents) only.	(including yoursel	ye income from any source	a income. For each Household Member III , write '0'. If you enter '0' or leave any fiel	sted, ir they do receive incon ds blank, you are certifying (j	ne, report total gross income (promising) that there is no inc	before taxes) ome to report.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month M	Public Assistance/ Initial Child Support/Alimony Weekly Bi-		Pensions/Retirement ,	How often? Yeekly 2x Month Monthly
of Income" for more information.		s	0000			\bigcirc	
The "Sources of Income for Children" chart will help you with the Child Income section.			888		$\stackrel{\sim}{\sim}$		$\prec \simeq \simeq$
		\$			500 \$		200
		\$	0000)()()
The "Cources of Income							
The "Sources of Income for Adults" chart will help you with the All Adult		\$					ŎŎŎ
		\$ \$	0000		\$		
for Adults" chart will help you with the All Adult Household Members		\$	0000	5 5 0 0			
for Adults" chart will help you with the All Adult Household Members	Total Household Members	\$ Last Four Digits of	Social Security Number (SSN er or Other Adult Household	\$ (0)	500 \$	K if no SSN	
for Adults" chart will help you with the All Adult Household Members section,	Total Household Members (Children and Adults)	\$ Last Four Digits of Primary Wage Earn	er or Other Adult Household	\$ 00	500 \$	C if no SSN	
for Adults" chart will help you with the All Adult Household Members section.	Total Household Members (Children and Adults) t information and adult signature.	\$ Last Four Digits of the Primary Wage Earn Mail Comple	er or Other Adult Household	\$ O (\$ Check		
for Adults" chart will help you with the All Adult Household Members section. STEP 4 Contact	Total Household Members (Children and Adults)	\$ Last Four Digits of: Primary Wage Earn Mail Compl I understand that this	er or Other Adult Household eted Form To: sinformation is given in connect	\$ O (\$ Check		purposely give
for Adults" chart will help you with the All Adult Household Members section. STEP 4 Contact	Total Household Members (Children and Adults) t information and adult signature. tion on this application is true and that all income is reported.	\$ Last Four Digits of: Primary Wage Earn Mail Compl I understand that this	er or Other Adult Household eted Form To: sinformation is given in connect	\$ O (\$ Check		purposely give
for Adults" chart will help you with the All Adult Household Members section. STEP 4 Contact	Total Household Members (Children and Adults) t information and adult signature. tion on this application is true and that all income is reported.	\$ Last Four Digits of: Primary Wage Earn Mail Compl I understand that this	er or Other Adult Household letted Form To: sinformation is given in connect aws."	\$ O (\$ Check	the information, I am aware that if I	purposely give

Signature of adult

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
 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
-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

Date

Determining Official's Signature

3	ources of Income for Ad	adito
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) 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	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household

Verifying Official's Signature

Date

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OPTIONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This in Responding to this section is optional and does not affect your children's eligibility for Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Asian Asian	
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.	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. 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: mail civil rights complaints only to: 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 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. Do not fill out For School Use Only	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.
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Month of ten? Vestly B-Weekly 2x Month Monthly Annual Household Size	Eligibility:

Confirming Official's Signature

Categorical Eligibility

Date