## 2018-2019 Application for Free and Reduced Price School Meals

STED 1

## Apply online at: www.mymealtime.com

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.

	. Household Members who are infants, c	maren,	and students	sup to and ir	icidaing grad	e 12 (if i	nore spaces al	e req	uired	ior add	nuonal	names	s, attaci	anoth	er snee	t or pa	per)	
Definition of <b>Household</b>	Child's First Name	МІ	Child's La	st Name		Sc	hool & Distric	t					Grade		Student? es No		Foster	Homeles Migrant, Runawa
Member: "Anyone who is living with you and shares income and expenses, even																		
if not related."																apply		
Children in <b>Foster care</b> and children who meet the												1				all that		
definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are eligible for free meals. Read																Check all that apply		
How to Apply for Free and Reduced Price School																		
Meals for more information.																		
STEP 2 Provide	case number if any Household Member	s (includ	ding you) cur	rently partici	pate in one o	r <mark>more</mark> o	of the following	assi	stance	progra	ams: S	NAP, T	AFI, or	FDPIR				
If NO CASE NUME	BER > Go to STEP 3. If CASE NUMBER	<b>3</b> ⊳ Wri	ite one case n	umber here th	en ao to STEP	4 (Do no	nt complete STEF	<b>&gt;</b> (3)	С	ase Nu	mber:							
	GROSS Income (before deductions) for AL				<u> </u>			,										
SIEPS Report C		LIIOuse	notameniber	3 (361) 111331	ep ii you arisw	ereusi	Lr <i>2)</i>					Ho	w often?					
	A. Child Income Sometimes children in the household earn c	r receive	income Please	include the TC	)TAL income re	ceived by	all	(	Child inco	ome	Wee		kly 2x Mont	h Monthly				
	Household Members listed in STEP 1 here.							\$			C	$)$ $\bigcirc$	$\circ$	$\bigcirc$				
Are you unsure what	B. All Adult Household Members (in			even if they do	not receive inco	me For	each Household N	Membr	ar listed	if they	do rece	ive incor	ne reno	urt total qu	ross incc	me (he	fore tax	96)
income to include here?	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 gross income (before taxes) for each source in whole dollars (no cents) 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.																	
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Ear	rnings from Work		v often? dy 2x Month Monthly	Monthly Public Assistance/ Child Support/Alimony		How often?		]	Pensions/Retire All Other Incom		urement/		How often? Weekly 2x Month Monthl			
of Income" for more information.		\$		00	0 0	\$		0	0	0	0	\$			0	0	0	0
The "Sources of Income for Children" chart will		\$		00	0 0	\$		0	0	0	0	\$				0	0	0
help you with the Child Income section.		\$		$\bigcirc$	$\bigcirc$ $\bigcirc$	\$		$\bigcirc$	0	$\bigcirc$	0	\$					0	0
The "Sources of Income for Adults" chart will help		\$				\$		$\bigcirc$	0	0	0	s .						
you with the All Adult Household Members									0	0	0							
section.		\$		00	0 0	\$		0	0	0	0	\$						0
	Total Household Members (Children and Adults)		Four Digits of S		umber (SSN) of Household Mem		x x x X	( X				Choo	k if no SS					
		FIIII	ary waye carrie	of Other Addit	nousenoid meni							Chec	K II 110 33					
STEP 4 Contact	information and adult signature (all ap	olication	ns MUST be \$	SIGNED by a	n adult mem	oer of th	ne household)				PROV	/IDE CO	OMPLE	TED FO	ORM TO	) THE	SCHO	OL
	ation on this application is true and that all income is rep							and th	at school	officials								
false information, my children may	y lose meal benefits, and I may be prosecuted under ap ess (if available) Apt #				Stat		Zip	2				e and E			amaro ti		. pooory g	
							-'P			Jayin				scional)				
Printed nam	e of adult signing the form		Signatur	e of adult						Today	's date							

## **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		- Social Security (including railroad			
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	- Net income from self- employment (farm or business)	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from</li> </ul>	retirement and black lung benefits) - Private pensions or disability benefits			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay,	State or local government - Alimony payments - Child support payments	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> </ul>			
-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	<ul> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>			

## **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): 🗌 Hispanic or Latino 🔲 Not Hispanic or Latino	
Race (check one or more): 🗌 American Indian or Alaskan Native 🗌 Asian	🗌 Black or African American 📋 Native Hawaiian or Other Pacific Islander 🗌 White

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, 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.

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: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 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.

Do not fill out	<u>Y</u>	(Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12)												
Categorically Eligible						Eligibility:					Date 1 <sup>st</sup> Notice Sent:	Date 2 <sup>nd</sup> Notice Sent:		
Total Income		How of Weekly		2x Month	Monthly	Household Size	Free	Reduced	Denied		Results:  ☐ No Change □ Ineligible – Rea	□ F→ R ason:	□ R→ F	
Determining Official's Sigr	nature		Date			Confirming Official'	s Signa	ture		Date	Verifying Official's Signat	ure	Date	