2022-23 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

Apply :	online: If	ISERT	URL F	HERE
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STEP 1 List AL	_ Household Members who are infants, ch	ildren, and stud	dents	up to a	nd includi	ng grad	e 12 (if	more	space	es are	requ	ired fo	or add	itional	names	s, atta	ach ar	nother	sheet	of pa	aper)	
Definition of Household Member: "Anyone who is living with you and shares income and expenses, ever if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. STEP 2 Do any	Household Members (including you) curre		e in o	ne or me		followin								FDPIR		Grad	le	Stud Yes	dent? No	Check all that apply	Foster Child	Homeles Migrant, Runawa
					are their go		. <u>7</u> 20 <u></u>	0. 00		<u> </u>	<u>v</u> ,						٧	/rite only	one ca	se nun	nber in	his space
	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here.			include th	ne TOTAL in	ncome red	eived by	/ all			\$	ild incon	ne	Week		ow ofter		Ionthly				
Are you unsure what income to include here?	B. All Adult Household Members (inc List all Household Members not listed in STEI for each source in whole dollars (no cents) on	2 1 (including you	rself) e		rom any so	urce, write	e '0'. If yo	ou ente	er '0' oı			elds bla	nk, yo		rtifying ((prom	ising) 1	that the		incom	ne to re	port.
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Today's date

Signature of adult

Sources of Income 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									

Sources of Income for Adults										
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:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from								
 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	Alimony paymentsChild support paymentsVeteran's benefitsStrike benefits	trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household								

Date

OPTIONAL	Children's Racial and Ethnic Identities							
	to ask for information about your children's race and ethnicity. This info		ommunity.					
Ethnicity (check one	American Indian an Alaskan Nativa Asian	ack or African American Native Hawaiian or Other Pacific Isla	nder White					
not have to give the meals. You must include signs the application.	isell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price ude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on Id or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary	Persons with disabilities who require alternative means of communication for program large print, audiotape, American Sign Language, etc.), should contact the Agency (S applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilithrough the Federal Relay Service at (800) 877-8339. Additionally, program information in languages other than English.	tate or local) where they ilities may contact USDA					
Assistance for Need (FDPIR) case number member signing the determine if your chi	y Families (TANF) Program or Food Distribution Program on Indian Reservations er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to ld is eligible for free or reduced price meals, and for administration and enforcement of ast programs. We MAY share your eligibility information with education, health, and	office, or write a letter addressed to USDA and provide in the letter all of the information requested in the						
program reviews, an	help them evaluate, fund, or determine benefits for their programs, auditors for d 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 1400 Independence Avenue, SW						
and policies, the USI administering USDA	ederal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or programs are prohibited from discriminating based on race, color, national origin, sex, visal or retaliation for prior civil rights activity in any program or activity conducted or	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	For School Use Only							
Annual Income (v x 12						

Determining Official's Signature		Date			Confirming Official's Signa	ature	Date	Ve	rifying	Official	's Signatur
	0	0	0	\circ		Categorical Elig	jibility	0	0	0	
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied	
	How often?							Eligibility:			
Annual Income Conversion: Weekl	y x 5∠, ⊏\	ery 2	vveeks	5 X ∠0,	I wice a Month x 24 M	onthly x 12			Elimibilia	h	