

RETURN TO (School/District Name):
ADDRESS:

ADDRESS:

Do not **former** **in** **her** **schools,** **children** **not** **in** **school,** **and** **children** **not** **applying** **for** **benefits.** **This** **includes** **children** **not** **related** **to** **you** **in** **your** **household.**

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If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

CASE NUMBER (NOT EBT NUMBER):

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Write only one case number in this space.

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

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Please see application's back for list of income sources.

I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify the application for this aid and that all income is reported.

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I certify (promise) that all information on this application is true and that my income is reported correctly and includes the state and federal taxes I have paid or will pay.

(conf m) 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."

Print Name of Adult Signing the Form					
		Signature of Adult		Today's Date	
Mailing Address (if available)		City	State	Zip	Phone (optional)
					Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work • Salary, wages, cash bonuses, tips, commissions • 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	Public Assistance/Alimony/Child Support • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• A child has a regular full or part-time job where they earn a salary or wages • 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 friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust
	Pensions/Retirement/All other sources of income • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversions: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total income	How often?	Household size	Categorical Eligibility	Eligibility
	☐ Weekly ☐ Every 2 weeks ☐ 2x/month ☐ Monthly ☐ Annual		☐	☐ Free ☐ Reduced ☐ Denied
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination 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:

*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

EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.