2017-2018 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Printed name ofadult signing the form

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Definition of Household Member : "Anyone who is	Child's	First Nan	16				MI	Child's	Last N	ame									Gra	ade	Yes		1 [Foster	Migrant, unaway
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if not related."																							apply		
Children in Foster care and children who meet the																				Ħ		П	all that		$\overline{\Box}$
definition of Homeless, Migrant or Runaway are																							Check		<u> </u>
eligible for free meals. Read How to Apply for Free and Reduced Price School																									
Meals for more information.																									
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Today's date

Signature of adult

SourcesofIncomeforChildren							
SourcesofChildIncome	Example(s)						
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages						
Social SecurityDisability PaymentsSurvivor's Benefits	- AchildisblindordisabledandreceivesSocialSecuritybenefits - AParentisdisabled,retired,ordeceased,andtheirchildreceivesSocialSecuritybenefits						
-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						

bonuses - Net income from self- employment (farm or business) - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments	
bonuses - Worker's compensation - Net income from self- employment (farm or business) - Cash assistance from State or local If you are in the U.S. Military: - Alimony payments	Pensions/Retirement/A IIOtherIncome
doNOTincludecombatpay,FS SAorprivatizedhousingallowan - Critic support payments - Veteran's benefits - Strike benefits	Social Security nocluding railroad stirement and black lung enefits) Private pensions or sability benefits Regular income from usts or estates Annuities Investment income Earned interest Rental income

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to t	this section is optional and does not affect your children's eligibility for free	nation is important and helps to make sure we are fully serving our community. or reduced price meals.
Ethnicity(checkor	— American Indian or Alackan Native Acian Bl	ack or African American
not have to give the meals. Youmustinclurapplication. The last foster child or you lis Needy Families (TAI number or other FDI signing the application your child is eligible and breakfast prograprograms to help the reviews, and law entertails.	seell National School Lunch Actrequires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price dethelastfourdigitsofthesocialsecuritynumberoftheadulthouseholdmemberwhosignsthe our digits of thesocial security numberis not required whenyou apply onbehalf of a st a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for NF) Program or Food Distribution Program on Indian Reservations (FDPIR) case PIR identifier for your child or when you indicate that the adult household member on does not have a social security number. We will use your information to determine if for free or reduced price meals, and for administration and enforcement of the lunch arms. We MAY share your eligibility information with education, health, and nutrition arm evaluate, fund, or determine benefits for their programs, auditors for program forcement officials to help them look into violations of program rules.	Personswithdisabilitieswhorequirealternativemeansofcommunicationforprograminformation(e.g.Braille,largeprin t,audiotape,AmericanSignLanguage,etc.),shouldcontacttheAgency(Stateorlocal)wheretheyappliedforbenefits.In dividualswhoaredeaf,hardofhearingorhavespeechdisabilitiesmaycontactUSDAthroughtheFederalRelayServicea t(800)877-8339.Additionally,programinformationmaybemadeavailableinlanguagesotherthanEnglish. Tofileaprogramcomplaintofdiscrimination,completetheUSDAProgramDiscriminationComplaintForm,(AD-3027)foundonlineat:http://www.ascr.usda.gov/complaint_filing_cust.html,andatanyUSDAoffice,orwritealettera ddressedtoUSDAandprovideintheletteralloftheinformationrequestedintheform.Torequestacopyofthecomplaint form,call(866)632-9992.SubmityourcompletedformorlettertoUSDAby: mail: U.S.DepartmentofAgriculture OfficeoftheAssistantSecretaryforCivil Rights1400IndependenceAvenue,SW Washington,D.C.20250-9410
andpolicies,theUSD/ administeringUSDAp	deralcivilrightslawandU.S.DepartmentofAgriculture(USDA)civilrightsregulations A,itsAgencies,offices,andemployees,andinstitutionsparticipatinginor programsareprohibitedfromdiscriminatingbasedonrace,color,nationalorigin,sex,disabilit taliationforpriorcivilrightsactivityinany programoractivityconductedor funded by USDA.	fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.
Do notfill out	For School Jos Only	

Annual Income Conversion: Weekly x	52, Every 2 Weeks x 20	s, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2xMonth Monthly	Household Size	Free Reduced Denied	
	0 0 0 0	Categorical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date