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

STEP 1 List ALL I	Household Members who are infants, ch	nildren, and s	tuden	ts up to	and incl	uding ថ្	grade	12 (if m	ore s	paces	are req	uired f	or addit	ional na	ımes, a	ittach ar	other	sheet	of pa	aper)	
Definition of Household	Child's First Name		MI	Child's	s Last Na	ame									Gra	ade	Stud Yes	dent? No		Foster	Homeles Migrant Runawa
Member: "Anyone who is living with you and shares																					
income and expenses, even if not related."																			apply		
Children in Foster care and children who meet the																			all that		
definition of Homeless, Migrant or Runaway are eligible for free meals. Read																	_	\equiv	Check		
How to Apply for Free and Reduced Price School																	\equiv	=			<u> </u>
Meals for more information.																			L		
STEP 2 Do any H	ousehold Members (including you) curr	ently particip	ate in	one or	more of t	the foll	owing	assist	ance p	orogra	ms: SN	AP, TA	NF, or	FDPIR?							
	If NO > Go to STEP 3. If Y	'ES > Write a	a case	number	here then	go to S	STEP 4	(Do not	comp	lete ST	EP 3)	Ca	se Num	ber:							
																ıW	rite only	one cas	e num	ber in th	his space
STEP 3 Report In	come for ALL Household Members (Si	kip this step	f you	answer	ed 'Yes'	to STE	EP 2)														
	A. Child Income										C	hild incon	ne	Weekly	How of	ften? 2x Month Mo	onthly				
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income	. Pleas	e include	the TOTA	L incom	ne recei	ved by a	ıll		\$			0	0	0 ()				
	B. All Adult Household Members (inc	luding yours	elf)								•										
Are you unsure what income to include here?	List all Household Members not listed in STE for each source in whole dollars (no cents) or																				
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings fror	m Work	Weekly	How ofte		onthly		ic Assista	ance/ t/Alimony	Weekly	How o	often?	Monthly		nsions/Retire		Weekly		often?	nth Month
of Income" for more information.	Name of Nauk Household Members (Filed and Edity)	\$		O	O C			\$				O			\$			O		O ZX III O	
The "Sources of Income for Children" chart will		\$	\pm					\$					\bigcirc	0	\$				$\stackrel{\smile}{\cap}$		
help you with the Child Income section.		s	\pm					\$							\$				$\stackrel{\circ}{=}$		
The "Sources of Income for Adults" chart will help			\pm												Ĭ						
you with the All Adult Household Members		\$	\perp		0	0 (\$				0	0	0	\$			0	=	=	
section.		\$			0	0 (\circ	\$			0	0	0	\circ	\$			0	$\overline{}$		
	Total Household Members (Children and Adults)	Last Four Di						r X	Х	Х	хх				Check if	no SSN					
OTED 4	(Children and Adults)							r X	X	Х	хх				Check if	no SSN					
STEP 4 Contact in								r X	X	X	ХХ				Check if	no SSN					
"I certify (promise) that all informati	(Children and Adults)	Primary Wag	ge Earne	er or Othe	r Adult Ho	useĥold	Membe					t school o	officials ma				ı. I am a	ware that	∶if I pur	posely g	jive
"I certify (promise) that all informati	(Children and Adults) Information and adult signature ion on this application is true and that all income is repo	Primary Wag	ge Earne	er or Othe	r Adult Ho	useĥold	Membe					t school o	officials ma				ı. I am a	ware that	t if I pur	posely g	ąive
"I certify (promise) that all informati	(Children and Adults) Information and adult signature ion on this application is true and that all income is repo	Primary Wag	ge Earne	er or Othe	r Adult Ho	n connect	Membe								neck) the	information	ı. I am a	ware that	t if I pur	posely g	jive

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 SecurityDisability PaymentsSurvivor'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					

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)	- 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
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	 Alimony payments Child support payments Veteran's benefits Strike benefits 	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities	
•	nis section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino	ation is important and helps to make sure we are fully serving our community. or reduced price meals. ack or African American Native Hawaiian or Other Pacific Islander White
not have to give the in meals. You must inclusing the application. The properties of a foster child assistance for Needy FDPIR) case number member signing the additional and breakfanterition programs to program reviews, and policies, the USD administering USDA disability, age, or represent the properties of the prope	sell 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 dor you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Families (TANF) Program or Food Distribution Program on Indian Reservations or 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 do 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 help them evaluate, fund, or determine benefits for their programs, auditors for draw enforcement officials to help them look into violations of program rules. Dederal 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, risal or retaliation for prior civil rights activity in any program or activity conducted or	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	For School Use Only	
Annual Income C	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly	y x 12

Total Income	How often? Weekly Bi-Weekly 2x Month Month	Household size		Eligibility: Free Reduced Denied	
	0 0 0 0	Categorical Eliq	gibility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date