## 

Street Address (if available)	Lecrify (promise) that all inf nation cat his application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose need benefits and I may be prosecuted under applicable state and federal law.	STEP 4: Contact information and adult signature	Total Household Members (Children and Adults)						Names of Adult Household Members (First and Last)	will help you with the All Adult House Members section.	The Sources of Income for Adults chart	will help you with the Child Income section.	The Sources of Income for Children chart	Flip the page, and review the charts titled Sources of Income for more information.	Are you unsure what income to include here?	STEP 3 Report income for $ALL$ household members (Skip this step if you answered YES to STEP 2)		If No, go to STEP 3. If Ye	STEP 2 Do any household i	information.	Free and Reduced-Price	are eligible for free meals.	the definition of home-	Children in foster care and children who meet	penses, even if not related.	2	Definition of Household  Member—Anyone who
Apt#	is application is true and that all income is and I may be prosecuted under applicable.	nature	Iren and Adults)	s	S	S	S	S	Work		200	B. All Adult Household Members (Including Yourself)  List all household members not listed in STEP 1 (including yourself), even if they do not receive			A. Child Income  Sometimes children in the household earn or receive income. Please include the TOTAL income received	ALL household members (8		If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)	Do any household members (including you) currently participate in one or more of the following assistance p								Child's First Name
# City	eported. I under	of Primary  Mail Com	Last Four						Weekly Bi- weekly	that there is i	ixes) for eacl	Members (In thers not list		ousehold list	the househo	kip this st		e, then go	rrently pa								I W
	star:I that this information is law:	of Primary Wage 7 arner c Other Adult Household Member  [X   X   X   X   X    Mail Completed Form to: Insert Your School District Mailing Address Here	ast Four Digits of Social Security Number (SSN)		_				dy Month	is no income to report.	h source in whole dolla	ncluding Yourself) ed in STEP 1 (includii		ed in STEP 1 here.	ld earn or receive inco	ep if you answered		to STEP 4. (Do n	rticipate in one or					20 E			Child's Last Name
State	given in conne	r Adult House	ity Number	56	S	S	s	S	Chi	<b>D</b>	ars (no cent	nø vourself			ome. Pleas	YES to S		ot comp	more of t								ame
Zip Code	ction with the rece	usehold Memb	(NSS)						Child Support/ Alimony		s) only. If they	even if they			e include the T	TEP 2)		lete STEP 3	he following								Scl
Daytime Phone	pt of federal fun	er X X							Weekly I		do not rece	do not receiv			OTAL incom			ؿ	assistance							D.,,	School Name
Daytime Phone and E-Mail (Optional)	ds and that scho	Address F							Bi- 2x weekly Month	How Often	ive income f	e income.			ne received				programs			1 1				8	е
ptional)	ol officials may	Here							Monthly		rom any so	For each ho		S				0	SNAP,			Ī					Grade
	verify (check)		] [	s	S	S	55	S	mer	P	urce, write t	usehold me			Child Income			Case Number:	rograms: SNAP, TANF, or FDPIR?								Birth Date
	the information.	CHCC	Check						ment/All Other Income	Datin	<ol> <li>If you ente</li> </ol>	income. For each household member listed, if he/she does receive income, repo		Weekly	[ <u>"</u> 		Write on	ber:	EDPIR?						1	Yes	te Student?
	I am aware th	NI NO SOL	Check if No SSN						Weekly		er 0 or leav	f he/she do			How Often		ly one case i					Check	k all t	hat a		2	nt?
	at if I purposel	- 1	<u></u>						Bi- weekly N	How Often	e any fields	es receive		2x Monthly Month	ten		Write only one case number in this space.		No.							Child	Foster
	y give false info								2x Month! Month	én	blank, you	income, rep					is space.									Runaway	Homeless,

Printed Name of Adult Signing the Form

Signature of Adult

Today's Date

## NSTRUCTIONS Sources of Income

Sources of Child Income	hild Income
Sources of Child Income	Example(s)
Earnings from work	<ul> <li>A child has a regular full- or part-time job where he/she earns a salary or wages</li> </ul>
Social Security	<ul> <li>A child is blind or disabled and</li> </ul>
—Disability payments	receives social security benefits
—Survivor's benefits	<ul> <li>A parent is disabled, retired,</li> </ul>
	or deceased, and his/her child
<ul> <li>Income from persons OUTSIDE</li> </ul>	<ul> <li>A friend or extended family</li> </ul>
the household	member REGULARLY gives a
	child spending money
<ul> <li>Income from any other source</li> </ul>	<ul> <li>A child receives income from a</li> </ul>
	private pension fund, annuity, or
	trast

		Sources of Income for Adults	
	Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
	<ul> <li>Salary, wages, cash bonuses</li> </ul>	<ul> <li>Unemployment benefits</li> </ul>	<ul> <li>Social Security (including</li> </ul>
	<ul> <li>NET income from self-</li> </ul>	Worker's compensation	railroad retirement and black
	employment (farm or business)	Supplemental Security Income (SSI)	lung benefits)
	If you are in the U.S. Military:	<ul> <li>Cash assistance from state or local</li> </ul>	<ul> <li>Private pensions or disability</li> </ul>
	<ul> <li>Basic pay and cash bonuses</li> </ul>	government	benefits
	(do NOT include combat pay,	Alimony payments	<ul> <li>Regular income from trusts or</li> </ul>
	FSSA, or privatized housing	<ul> <li>Child support payments</li> </ul>	estates
	allowances)	Veteran's benefits	<ul> <li>Annuities</li> </ul>
	<ul> <li>Allowances for off-base housing,</li> </ul>	Strike benefits	<ul> <li>Investment income</li> </ul>
	food, and clothing		<ul> <li>Earned interest</li> </ul>
			<ul> <li>Rental income</li> </ul>
	,		<ul> <li>REGULAR cash payments</li> </ul>
:	•		from outside household

## Children's Racial and Ethnic Identities

ing to this section is optional and does not affect your children's eligibility for free or reduced-price meals. 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. Respond-

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	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
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including general and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program informat made available in languages other than English. Persons with disabilities who require alternative means of conto obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TUSDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Costould complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained on www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-508-0002-508-11-28-17 pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter m complaint on the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil riphe completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (ar 1702) 690-7403 or fax: (ar 1702) 690-740	☐ Not Hispanic or Latino re ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

or (202) 690-7442; or email: program intake@usda.gov This institution is an equal opportunity provider. 50-9410; or fax: (833) 256-1665 nt of Agriculture, Office of the an alleged civil rights violation. )02-508-11-28-17Fax2Mail. 2600 (voice and TTY) or contact tive means of communication minatory action in sufficient DA. The letter must contain the ın be obtained online at: https:// rights regulations and policies, complaint, a Complainant , should contact the responsible rogram information may be x (including gender identity

## )o not fill out For School Use Only

program reviews, and law enforcement officials to help them look into violations of

Annual Income Conversion:
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
Month x 24, Monthly x 1
(12

etermining Official's Signature		otal Income	
ture Date		Annually Bi-Weekly 2 x Month Monthly	How Often?
Confirming Official's Signature Date	Categorical Eligibility	Household Size	£
Verifying Official's Signature Date		Free Reduced Denied	Eligibility: