2022-2023 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online at

																7 7 PP	iy onn	ine at							
STEP1 List ALL househ	old m	ember	rs wh	io are in	nfants	, childre	en, and	studen	ts, up to	o and i	ncluo	ling (Grade	12 (if mo	ore spac	es are re	equired	for a	dditiona	l name	es, atta	ch a	nother sh	eet of	paper)
Definition of Household Member—Anyone who is living with you and shares income and ex- penses, even if not related.	C	hild'	's Fir	rst Nar	ne	MI		Child's	Last]	Name	;		Sc	hool Na	ame	(Grade	Birt	h Date		lent? No	ly	Foster Child	Mi	meless, grant, naway
Children in foster care																						all that apply		[
and children who meet the definition of home-																						all th:		[
less, migrant, or runaway are eligible for free meals.																						heck		[
Read How to Apply for Free and Reduced-Price																						U U		[
School Meals for more information.																								[
STEP 2 Do any househo	ld me	mbers	s (i <u>nc</u>	luding	you)	curr <u>ent</u>	y part	icipate i	n o <u>ne c</u>	or <u>mo</u> i	e of t	he fol	llowin	g assista	nce pro	grams:	SNAP.	TAN	F, or FD	PIR?					
If <i>No</i> , go to <i>STEP 3</i> . If								-								8			Number						
	100, 1			•		,		0121	(20		, <i>p</i>						,	ase	Number		only one	case 1	number in th	is space	
STEP 3 Report income f	for AL	L hou	iseho	ld mem	ibers	(Skin th	is sten	if you a	nswer	ed <i>YE</i>	S to S	ТЕР	2)							wine	only one	euse i		is space	
-						(Ship ti	no step	ii you i					_)												
Are you unsure what income to include here? A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received How Often How Often																									
Flip the page, and review the charts titled Sources of Income for more information.																									
The Sources of Income for Children		D					đ		10][
will help you with the Child Income section. B. All Adult Household Members (Including Yourself) List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report																									
The Sources of Income for Adults will help you with the All Adult H Members section.			0			taxes) fo g) that the				·	io cent	s) only	y. If the	ey do not 1	receive in	icome fro	om any s	ource,	write 0. I	f you er	nter 0 or	leave	e any fields	blank,	, you are
Members section.	Earnings From				How Often Pu					olic Assistance/ How Often			Often				s/Retire-			How Often					
Names of Adult Househo Members (First and Las				Work		Weekly	Bi- weekly	2x Month	Monthly	,		ild Sup Alimoı		Weekly	Bi- weekly	2x Month	Monthly			ll Other ome	We	ekly	Bi- weekly N	2x Ionth	Monthly
Wiembers (First and Las	,,,	\$								\$								\$		П	╢╴	7			
		\$			┼╢					\$			_					\$			╢╏	_			
		\$			┼╢					\$								\$				_			
		\$								\$								\$]			
		\$								\$								\$]			
Total Household Members (C	hildren	and A	dults)	· [T				gits of So Vage Earn						her X	XX	XX		\square		Che	eck if N	o SSN	4		
STEP 4: Contact informa	tion ar	ıd adu	ılt sig	nature			-	-						rict Mai	ling Add	lress He	ere								
I certify (promise) that all information or mation, my children may lose meal ben									nformation	n is given	in conne	ction wi	th the reco	eipt of federa	ll funds and	that school	officials ma	ıy verify	(check) the i	nformatio	n. I am av	vare that	at if I purposel	y give fa	lse infor-
· ·		•			-																				
Street Address (if available)					A	Apt #	City			State		Zip Cod	e	Daytime I	Phone and E	-Mail (Opti	onal)								
							ļ											Tada?	Data						
Printed Name of Adult Signing the Forr	n						S	ignature of A	Adult									Today's	Date						

INSTRUCTIONS Sources of Income

Sources of C	Child Income	Sources of Income for Adults								
Sources of Child Income	Example(s)	Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income						
 Earnings from work Social Security Disability payments Survivor's benefits 	 A child has a regular full- or part-time job where he/she earns a salary or wages A child is blind or disabled and receives social security benefits A parent is disabled, retired, or deceased, and his/her child receives social security benefits 	 Salary, wages, cash bonuses 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) 	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities 						
Income from persons <i>OUTSIDE</i> the household	A friend or extended family member <i>REGULARLY</i> gives a child spending money	• Allowances for off-base housing, food, and clothing	Strike benefits	 Investment income Earned interest Rental income 						
Income from any other source	A child receives income from a private pension fund, annuity, or trust			• <i>REGULAR</i> cash payments from outside household						
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- ing 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 Not Hispanic or Latino Race (Check One or More): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White										
cannot approve your child for free or red four digits of the social security number of application. The last four digits of the soc you apply on behalf of a foster child or y Program (SNAP), Temporary Assistance Food Distribution Program on Indian Re FDPIR identifier for your child or when signing the application does not have a s information to determine if your child is for administration and enforcement of th share your eligibility information with ex to help them evaluate, fund, or determined	ive the information, but if you do not, we uced price meals. You must include the last the adult household member who signs the ial security number is not required when ou list a Supplemental Nutrition Assistance for Needy Families (TANF) Program or servations (FDPIR) case number or other you indicate that the adult household member ocial security number. We will use your eligible for free or reduced price meals, and e lunch and breakfast programs. We MAY	In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail. pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.								

Do not fill out For School Use Only

to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12											
How Often? Annually Bi-Weekly 2 x Month Monthly	Household Size	Categorical Eligibility	Eligibility: Free Reduced Denied								
Determining Official's Signature Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date							