2024 - 2025 Household Application for Free and Reduced Price School

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

B

APPLY ONLINE: RETURN TO (School/District Name): ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

STEP 3 List ALL ho	usehold members and income f															Wri	te only one o	case number in this space.
○ NO → Go to STEP 3.	O YES → Write case numb	per here and proc	eed to STEP 4.		CASE NU	IMBER (S	NAP and	TANF o	nly):									
Do any ho	usehold members (including yo	u) participate i	n: SNAP, TANF, c	or FDPIR	? *Please	note, N	ledicaid	case nu	mber d	lo NO1	l quali	fy child	ren for fr	ee or redu	iced pric	e meal b	enefits in	NH.
													Ů					Part D.
													eck all					Application Instruction's Step 1: Part C &
													that ap					boxes, please refer to the
													pply					If you checked any of these

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

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

			How	often reco	eived?			Public Assistance, Child Support,	ŀ	How ofte	n received	?	Pensions, Retirement, Social Security, SSI,	F	low ofter	n received	1?
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Every 2Weeks	2x Month	Monthly	Annual		Alimony	Weekly	Every 2 Weeks	2x Month	Monthly	VA Benefits, All Other	Weekly	Every 2 Weeks	2x Month	Monthly
	\$	0	0	0	0	0	\$		0	0	\bigcirc	0	\$	0	\bigcirc	0	\bigcirc
	\$	0	0	0	0	0	\$		0	\bigcirc	0	\bigcirc	\$	0	\bigcirc	\bigcirc	\bigcirc
	\$	0	0	0	0	0	\$		0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	0	\$		0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	0	\$		0	0	0	0	\$	0	0	0	0
Total Household Members (Children and Adults)	Last Four Numbers of Soc Primary Wage Earner or c Member (If Applicable)							How often rece	See	eck if no curity N			Please see a for list of inc				
 Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by a 	ALL children listed in STEP 1	here.	\$	Child	Income		Weekly	Every 2Weeks 2xMonth	Monthly	Annual					Joure		
STEP 4 Contact information and adult signature. <u>RET</u>	URN COMPLETED FORM	ΓΟ ΥΟυ	R CHIL	D'S SC	HOOL	Inser	t school	address here									

"I certify (promise) that all information on this 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 (confirm) 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	Sign	ature of Adult			Today's Date
Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)
Return completed form to your child's se	chool.				

	Sources of Income		Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	A child has a regular full or part-time job where they earn a salary or wages
 Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Unemployment benefits Workers' compensation Supplemental Security Income (SSI)	 Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability 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
If you are in the U.S. Military:	Cash assistance from State or local	Income from trusts or estates	
 Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing 	government Alimony payments Child support payments 	AnnuitiesInvestment incomeEarned interest	A friend or extended family member regularly gives a child spending money
allowances) Allowances for off-base housing, food, and clothing 	 Veterans benefits Strike benefits 	 Rental income Regular cash payments from outside household 	A child receives regular income from a private pension fund, annuity, or trust
We are required to ask for information ab	out your children's race and ethnicity.	This information is important and helps to make	e sure we are fully serving our community. Responding to this section is optional
and does not affect your children's eligibi	lity for free or reduced price meals.	This information is important and helps to make	e sure we are fully serving our community. Responding to this section is optional regardless of race) Not Hispanic or Latino
and does not affect your children's eligibi	lity for free or reduced price meals. (A person of Cuban, Mexican, Puerto Rican, Sou		regardless of race) International Not Hispanic or Latino
and does not affect your children's eligibil Ethnicity (check one): Hispanic or Latino (Race (check one or more): American Ind	lity for free or reduced price meals. (A person of Cuban, Mexican, Puerto Rican, Sou ian or Alaska Native Asian	th or Central American, or other Spanish Culture or origin, Black or African American 🛛 🗌 Native Hawaiian or O	regardless of race) Not Hispanic or Latino
and does not affect your children's eligibil Ethnicity (check one): Hispanic or Latino (Race (check one or more): American Ind	lity for free or reduced price meals. (A person of Cuban, Mexican, Puerto Rican, Sou ian or Alaska Native Asian s school. *Do <u>not</u> mail, fax, or email cor	th or Central American, or other Spanish Culture or origin, Black or African American 🛛 🗌 Native Hawaiian or O	regardless of race) Not Hispanic or Latino
and does not affect your children's eligibil Ethnicity (check one): Hispanic or Latino (Race (check one or more): American Ind Return this completed form to your child's DO NOT FILL OUT For school use of	lity for free or reduced price meals. (A person of Cuban, Mexican, Puerto Rican, Sou ian or Alaska Native Asian s school. *Do <u>not</u> mail, fax, or email cor poly.	Ith or Central American, or other Spanish Culture or origin Black or African American Native Hawaiian or O mpleted applications to the U.S. Department of	regardless of race) Not Hispanic or Latino
and does not affect your children's eligibil Ethnicity (check one): Hispanic or Latino (Race (check one or more): American Ind Return this completed form to your child's DO NOT FILL OUT For school use of	lity for free or reduced price meals. (A person of Cuban, Mexican, Puerto Rican, Souian or Alaska Native ian or Alaska Native Asian s school. *Do not mail, fax, or email cor ponly. very 2 Weeks × 26, Twice a Month × 24, M How often?	Ith or Central American, or other Spanish Culture or origin Black or African American Native Hawaiian or O mpleted applications to the U.S. Department of	regardless of race) Not Hispanic or Latino ther Pacific Islander White Agriculture Office of the Assistant Secretary for Civil Rights.

Determining Official's Signature

Date Confirming 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

Date

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.

Verifying Official's Signature

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/ad-3027.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
 FAX:
 (833) 256-1665 or (202) 690-7442; or

 EMAIL:
 program.intake@usda.gov

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

Date

Return completed form to your child's school.

This institution is an equal opportunity provider.