STEP 1 List ALL Ho	usehold Members who are infants, child	dren, and students	up to and including grade 12 (if more spaces are required for a	dditional names, attach another sheet of paper)						
Definition of Household	Child's First Name	МІ	Child's Last Name	Grade Student? Homeles Enter HS for Head Start Yes No Child Runawe						
Member: "Anyone who is living with you and shares income and expenses, even										
if not related." Children in Foster care and				all that apply						
children who meet the definition of Homeless ,										
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and				O O O O O O O O O O O O O O O O O O O						
Reduced Price School Meals for more information.										
STEP 2 Do any Hou	sehold Members (including you) currer	ntly participate in c	ne or more of the following assistance programs: SNAP or TAI	IF?						
	If NO > Go to STEP 3. If Y	'ES > Write a case		Number: only one 9 digit case number in this space.						
STEP 3 Report Inco	me for ALL Household Members (Skipth	his step if you answ								
	A. Child Income			How often?						
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Pleas	e include the TOTAL income received by all	Weekly Bi-Weekly 2x Month Monthly						
	B. All Adult Household Members (inc	• • • • •								
Are you unsure what income to include here?	List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If no income is received 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.									
Flip the page and review the charts titled "Sources	_	-	How often? Public Assistance/Child How often	Pensions/Retirement/						
of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly Annual \$	All Other Income Weekly Bi-Weekly 2x Month Month Weekly Bi-Weekly 2x Month Month						
The "Sources of Income for Children" chart will help you with the Child		\$		0 0 \$ 0 0 0						
Income section. The "Sources of Income		\$		00\$ 000						
for Adults" chart will help you with the All Adult Household Members		\$	00000	00\$ 000						
section.		\$	00000	00\$ 000						
	Total Household Members	Last Four Digits of S	ocial Security Number (SSN) of	0.01 % 0.00						
	Total Household Members (Children and Adults)		ocial Security Number (SSN) of a ror Other Adult Household Member	Check if no SSN						
STEP 4 Contact Info	(Children and Adults)	Primary Wage Earne		Check if no SSN						
"I certify (promise) that all informat	(Children and Adults) prmation and adult signature MAII	Primary Wage Earns L COMPLETED FO rted. I understand that this	RM TO YOUR CHILD'S SCHOOL Information is given in connection with the receipt of Federal funds, and that school official							
"I certify (promise) that all informat	Ormation and adult signature MAII on on this application is true and that all income is repor	Primary Wage Earns L COMPLETED FO rted. I understand that this	RM TO YOUR CHILD'S SCHOOL Information is given in connection with the receipt of Federal funds, and that school official							

Signature of adult

Printed name of adult signing the form

Today's date

INSTRUCTIONS Sources of Income

Sources of Income 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				

	ources of Income for A	aarto
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self- employment (farm or business) Reporting Annual Income is Illowable for seasonal or self- imployment If you are in the U.S. Military: Basic pay and cash bonuses (do IOT include combat pay, FSSA ir privatized housing allowances) - Allowances for off-base thousing, food and clothing	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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

Hispanic or Latino Not Hispanic or Latino Ethnicity (check one): Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

> 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:

U.S. Department of Agriculture mail:

> Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(202) 690-7442; or fax:

program.intake@usda.gov.

This institution is an equal opportunity provider.

* All Household Applications must be returned to your child's school for processing.

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Do not fill out For School Use Only

	• • • • • • • • •						
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12							
Total Income:	Per: Week, Every 2 Weeks, Twice A Month, Monthly, Yea	rly, Household Size	: Date Withdrawn:				
Eligibility: □ Free	□ Reduced □ Denied Reason:	☐ Categorically Eligible	□Other Source Categorically Eligible Determining Official's Signature:	Date:			
Confirming Official's Signature ((cannot be the Determining Official):	Date:	Signature of School Employee Completing Verification:	Date:			