

<b>Return Completed Application to:</b>						<b>(Insert School Name &amp; Mailing Address here)</b>																																																											
<b>Part 1: Children in School</b>																																																																	
List names of all children in school ( <b>First, Middle Initial, Last</b> ). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child      Homeless, Migrant, Runaway																																																							
										<input type="checkbox"/> <input type="checkbox"/>																																																							
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<b>Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits</b>																																																																	
Enter <b>MASTER CASE NUMBER</b> if household qualifies for SNAP, TANF or FDPIR: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4																																																																	
<b>Part 3: Total Household Gross Income – You must tell us how much and how often.</b>																																																																	
<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.				<b>2. Gross Income (before taxes) and How Often it was Received</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Earnings from Work before deductions</th> <th colspan="2">Public Assistance, Child Support, Alimony</th> <th colspan="2">Pensions, Retirement and All Other Income</th> </tr> <tr> <th>Income</th> <th>How often</th> <th>Income</th> <th>How often</th> <th>Income</th> <th>How often</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income		Income	How often	Income	How often	Income	How often																																										
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Total Number of Household Members: (Children and Adults) _____				Last four digits of Social Security Number (SSN) of the adult signing this form:    XXX – XXX –    _____    Check if no SSN <input type="checkbox"/>																																																													
<b>Part 4: Adult Signature and Contact Information – An adult household member must sign the application.</b>																																																																	
<i>"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 (check) 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."</i>																																																																	
Sign here: _____				Print name: _____				Date: _____																																																									
Street Address (if available): _____						Zip: _____		Daytime Phone: _____																																																									
<b>Part 5: Children's Ethnic and Racial Identities – Optional</b>																																																																	
<b>Check one Ethnic Identity:</b> – and – <b>Check one or more Racial Identities:</b>																																																																	
<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Asian			<input type="checkbox"/> Black or African American			<input type="checkbox"/> Native Hawaiian or other Pacific Islander																																																								
<input type="checkbox"/> Not Hispanic or Latino			<input type="checkbox"/> White			<input type="checkbox"/> American Indian or Alaskan Native																																																											
<b>Do Not Fill Out the Section Below - For School Use Only</b>																																																																	
Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12																																																																	
Total Household Size: _____  Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				<table style="width:100%;"> <tr> <td><input type="checkbox"/> Free</td> <td><input type="checkbox"/> Reduced</td> <td><input type="checkbox"/> Denied</td> </tr> <tr> <td><input type="checkbox"/> Income</td> <td colspan="2">Reason for denial:</td> </tr> <tr> <td><input type="checkbox"/> Categorically eligible:</td> <td colspan="2"><input type="checkbox"/> Income too high</td> </tr> <tr> <td><input type="checkbox"/> SNAP/TANF/FDPIR</td> <td colspan="2"><input type="checkbox"/> Incomplete application</td> </tr> <tr> <td><input type="checkbox"/> Foster Child</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Homeless/Migrant/Runaway:</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">(Official Documentation Required at School)</td> </tr> </table>								<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied	<input type="checkbox"/> Income	Reason for denial:		<input type="checkbox"/> Categorically eligible:	<input type="checkbox"/> Income too high		<input type="checkbox"/> SNAP/TANF/FDPIR	<input type="checkbox"/> Incomplete application		<input type="checkbox"/> Foster Child			<input type="checkbox"/> Homeless/Migrant/Runaway:			(Official Documentation Required at School)																																			
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Signature of Determining Official: _____						Date Approved: _____																																																											
<b>FOR THE VERIFICATION PROCESS ONLY:</b>																																																																	
Signature of Confirming Official: _____						Date Confirmed: _____																																																											
Signature of Verifying Official: _____						Date Verified: _____																																																											
						Date Withdrawn From School: _____																																																											

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART for School Year 2022-23					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional person:	8,732	728	364	336	168

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 are 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.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: (833) 256-1665 or (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.  
**Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**Part 2:** If the household does not have a Master Case Number, skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.  
**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the school they attend and their grade.

**Part 2:** If the household does not have a Master Case Number, skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

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**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.