

2015-2016 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online at

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Birth Date	Student?		Foster Child	Homeless, Migrant, Runaway
					Yes	No		
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Click all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If you do not receive SNAP, TANF, or FDIPIR benefits, complete STEP 3. If you receive SNAP, TANF, or FDIPIR benefits, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

Please read *How to Apply for Free and Reduced-Price School Meals* for more information. The *Sources of Income for Children* section will help you with the *Child Income* question. The *Sources of Income for Adults* section will help you with the *Adult Household Members* section.

A. Child Income
Sometimes children in the household earn income. Please include the total income earned by all children in the household listed in STEP 1 here.

Child Income	\$				
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B. 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 receives income, report total income for each source in whole dollars 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.

Names of Adult Household Members (First and Last)	Earnings From Work			How Often			Total Household Income (Children and Adults)
	Weekly	Bi-weekly	2x Monthly	Weekly	Bi-weekly	2x Monthly	
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN)

STEP 4 Contact information and adult signature

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 confidence with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposefully give false information, my children may lose their benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if applicable)

City State Zip Code

Daytime Phone and E-Mail (Optional)

Signature of Adult Completing the Form

Adult's Title

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.

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

DO NOT FILL OUT THIS PART. THIS IS 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, Month, Year Household Size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn _____

Reason for Denial or Withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-0410, by fax 202-690-7442, or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.