2021-2022 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online: https://lunchapp.com/

STEP 1 List ALL	Household Members who are infant	s, children, and s	students up	to and including	Grade 12	(If more space	s are required for additiona	al names, atta	ched another sh	neet of paper.
Definition of Household	Child's First Name		MI Chil	d's Last Name				Grade	Student? Yes No	Homeless, Foster Migrant, Child Runaway
Member : "Anyone who is living with you and shares										
income and expenses, even if not related."										
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are									Change all that any of the part and the part	
eligible for free meals. Read How to Apply for Free and										
Reduced Price School Meals for more information.										
STEP 2 Do any H	lousehold Members (including you) c	urrently participa	ate in one o	r more of the follo	wing assi	stance program	ns: SNAP, TANF, or FDPIR?			
	2 4 2752 2						Case Number:			
	If NO > Go to STEP 3.	f YES > Write a	case number	er here then go to ST	ГЕР 4 <u>(</u> Do <u>ı</u>	not complete STE	Case Number.		Write only one case r	number in this space.
STEP 3 Report In	come for ALL Household Members (Ski	p this step if you a	inswered '\	res' to STEP 2)						
								How often?		
	A. Child Income Sometimes children in the household earn	or receive income.	Please inclu	de the TOTAL income	e received b	oy all	Child income Weekly	Bi-Weekly 2x Month	Monthly	
	Household Members listed in STEP 1 her	e.				•	\$ 0	0 0	0	
B. All Adult Household Members (including yourself) Are you unsure what 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 graduates.					otal gross income ((before taxes)				
income to include here?	for each source in whole dollars (no cents	(0,	,	me from any source,			ve any fields blank, you are certi	, i	that there is no inc	come to report.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and La	est) Earnings from	Wee Wee	How often? kly Bi-Weekly 2x Month Mon		Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Reti All Other Inco	irement/	How often? Weekly 2x Month Monthly
of Income" for more information.		\$		000	\$		0 0 0 0	\$	0 (0 0 0
The "Sources of Income for Children" chart will		\$		000	\$		0 0 0 0	\$	0 (0 0 0
help you with the Child Income section.		\$		000	\$		0 0 0 0	\$		0 0 0
The "Sources of Income for Adults" chart will help		\$		000	\$		0 0 0 0	\$		000
you with the All Adult Household Members section.		\$		0 0 (\$		0 0 0 0	\$		0 0 0
	Total Household Members	Last Four Did	its of Social S	Security Number (SSN)	of I					
	(Children and Adults)			her Adult Household N		X X X	XXX	Check if no SSN		
STEP 4 Contact	information and adult signature. V	ail Complete	d Form T	Го: Blakeley N	ash at 1	18 55th Stre	et North, Birminghan	n, AL 35212	2	
	ion on this application is true and that all income is i								_	I purposely give
, ,,	lose meal benefits, and I may be prosecuted under									- F F 5001, 9110
treet Address (if available)	Apt#	City		5	State	Zip	Daytime Phone and	Email (optional)		
rinted name of adult signing	the form	Signatui	e of adult				Today's date			

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			

Date

Determining Official's Signature

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- 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) - Allowances for off-base	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 - Rental income - Regular cash payments			

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and Ethnic Identities	
-	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino	mation is important and helps to make sure we are fully serving our community. e or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the meals. You must incigins the application. Dehalf of a foster chassistance for Need FDPIR) case numb member signing the determine if your chall lunch and break nutrition programs to the program reviews, and accordance with fand policies, the US administering USDA	issell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who in the last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations over or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of cfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, sprisal or retaliation for prior civil rights activity in any program or activity conducted or	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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.
Do not fill ou	For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Month How often? Weekly R: Month Republy Proceeding Size	Prop. Reduced Denied

Categorical Eligibility

Date

Confirming Official's Signature