2022-2023 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

Apply online:

Today's date

https://family.titank12.com/U6PR68

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Definition of Househo l	d \	Child's Fire	st Name				МІ	Child's	Last Na	me									Gr	ade	Stu Yes	ident? No		Foster	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares																							Γ		
income and expenses, if not related."	even																					П	apply	П	П
Children in Foster care children who meet the	e and																						all that apply		\equiv
definition of Homeless Migrant or Runaway	ire /																						Check a		
eligible for free meals. How to Apply for Free Reduced Price School	and /																							H	<u></u>
Meals for more information	- 1																					Ш	L	Ш	
STEP 2 Do	any Ho	ousehold Mei	mbers (incl	uding you) c	currently	participat	e in or	ne or m	ore of the	e foll	owing	assista	nce p	orogra	ams: SN	AP, TA	NF, or	FDPIR?							
] NO >	Go to STEP	3	lf YES>	Write a	case n	umber b	ere then c	no to S	STED 4	(Do not	comr	olete S	TED 3)	Ca	ase Nur	nber:							
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STEP 3 Rep	ort In	come for ALL	Household	Members (SI	kip this ste	ep if you a	nswer	ed 'Yes'	toSTEP	2)															
		A. Child In	come													Child in ac		Wooldy	How o		Monthly				
		Sometimes of	children in the	household ea		ve income.	Please	include t	he TOTAL	incor	ne recei	ved by a	ıll		\$	Child inco	ne	Weekly	Di-Weekiy	2X IVIOITIII	Monthly				
		B. All Adul	lt Househol	d Members	(includin	ng yourse	elf)								Ψ										
Are you unsure what income to include here	?	List all House for each sour		rs not listed in ollars (no cen																					
Flip the page and revie the charts titled "Sourc				Earnings from	Work	How often?			Public Assistance/ Child Support/Alimony Weekly						nsions/Ret	ns/Retirement/ er Income Weekly			often?	h Monthly					
of Income" for more information.	00	Name of Adult	Household Man	hare (Firet and	Lact)			Weekly	Ri-Weekly 2v I	Month N	/onthly		d Suppo						All	Other Inco	ome		DI WCCK	y ZX WOIT	
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Signature of adult

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								

Sc 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 housing, 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 - Rental income - Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities			
•	d to ask for information about your children's race and ethnicity. This inf this section is optional and does not affect your children's eligibility for f		s to make sure we are fu	lly serving our community.
Ethnicity (check Race (check on	· _ · _ ·	Black or African American	Native Hawaiian or C	Other Pacific Islander
have to give the inf You must include the application. The last foster child or you I Families (TANF) Pre (FDPIR) case numl member signing the determine if your ct lunch and breakfas programs to help the	ssell National School Lunch Act requires the information on this application. You do not promation, but if you do not, we cannot approve your child for free or reduced price meals, a last four digits of the social security number of the adult household member who signs the four digits of the social security number is not required when you apply on behalf of a st a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy orgam or Food Distribution Program on Indian Reservations her 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 illd is eligible for free or reduced price meals, and for administration and enforcement of the programs. We MAY share your eligibility information with education, health, and nutrition em evaluate, fund, or determine benefits for their programs, auditors for program reviews, not officials to help them look into violations of program rules.	require alternative means of con American Sign Language), shoul USDA's TARGET Center at (202 at (800) 877-8339. To file a program discrimination Discrimination Complaint Form w documents/USDA-OASCR%20P- calling (866) 632-9992, or by wri address, telephone number, and	nmunication to obtain program in the contact the responsible state of the complaint, a Complainant should which can be obtained online at: Complaint-Form-0508-0002-508 of the complaint at: Complaint-Form-0508-0002-508 of the complaint-	than English. Persons with disabilities who information (e.g., Braille, large print, audiotape, or local agency that administers the program of contact USDA through the Federal Relay Service of complete a Form AD-3027, USDA Program https://www.usda.gov/sites/default/files/i-11-28-17Fax2Mail.pdf, from any USDA office, bow. The letter must contain the complainant's naminged discriminatory action in sufficient detail to mature and date of an alleged civil rights violation of A by:
policies, this institut	federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and ion is prohibited from discriminating on the basis of race, color, national origin, sex (including sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.	mail: U.S. Department of Agriculturu Office of the Assistant Secretary for 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 provide
Do not fill ou	F 01 111 01			

Do not fill out For School Use Only					
Annual Income Conversion: Weekly x 5	2, Every 2 Weeks x 2	6, Twice a Month x 24 Month	ıly x 12	Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Mon	Household Size		Free Reduced Denied	
	0 0 0 0	Cate	egorical Eligibility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date Date	Verifying Official's Signature	Date