Application #:

Available online at:

2015-2016 Application for Free and Reduced Price School Meals

complete one application	on per household. Please	use a pen (not a per	ncil).					
STEP1 List ALL	Household Members who	o are infants, childre	en, and students	up to and including g	rade 12 (if more spaces are requir	ed for additional names, attach	another sheet of paper)	
Definition of Household	Child's First Name			Child's Last Name	[press spacebar to advance]	School Name(Abbr.) Stu	Ident? Homeless, No Child Runaway	
Member: "Anyone who is living with you and shares income and expenses,								
even if not related." Children in Foster care							o apply	
and children who meet the definition of Homeless , Migrant or Runaway are							Oick all that	
eligible for free meals. Read How to Apply for Free and Reduced Price School								
Meals for more information.								
STEP 2 Do any h	Household Members (incl	luding you) current	ly participate in o	one or more of the fo	llowing assistance programs:	SNAP, TANF, or FDPIR?:	Yes No	
	If you answered NO > Comple	ete STEP 3. If you	answered YES > W	rite a case number here the	en go to STEP 4 (Do not complete STE		one case number in this space.	
STEP 3 Report I	ncome for ALL Househ	old Members (Skip	this step if you ans	swered 'Yes' to STEP 2'		vviite of ity	one case number in this space.	
Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children	Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
section will help you with the Child Income question. The	Name of Adult Household Members (First and Last) Earnings from Work			How often? 3i-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Mon	Pensions/Retirement/ All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly	
Sources of Income for Adults section will help you with the		\$		<u> </u>		\$	0000	
All Adult Household Members section.		\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<u> </u>		\$	0000	
School Use Only DO Initial:		\$		<u> </u>		\$	0 0 0 0	
Approval Date:		\$		<u> </u>		\$	0000	
F R D (Circle Eligibility)	Total Household Members (Children and Adults)			ecurity Number (SSN) of ner Adult Household Membe	x x x x x x	Check if no SSN		
STEP 4 Contact information and adult signature								
	ion on this application is true and that a lose meal benefits, and I may be prose	•		n is given in connection with the	receipt of Federal funds, and that school officia	Is may verify (check) the information. I a	m aware that if I purposely give	

Printed name of adult completing the form

Street Address (if available)

Signature of adult completing the form

City

Apt#

Today's date

Daytime Phone and Email (optional)

Zip

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

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 la w enforcement officials to help them look into violations of program rules.

The U.S Department of Agriculture 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, political beliefs, 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 C ivil 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 us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email 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.