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STEP 1 List ALL H	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)	, children, and student	ts up to and including grade 12	(if more spaces are req	uired for additional na	mes, attach anothe	er sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even	Child's First Name		Child's Last Name			Grade	Student? Foster Migrant. 'es No Child Runaway
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.							
STEP 2 Do any H	Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?	urrently participate in	one or more of the following as	ssistance programs: SN	AP, TANF, or FDPIR?		
	If NO > Go to STEP 3.	If YES > Write a case	Write a case number here then go to STEP 4 (Do <u>not co</u>	o not complete STEP 3)	Case Number:	Write o	Write only one case number in this space.
STEP 3 Report Inc	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	ip this step if you answe	red 'Yes' to STEP 2)				
	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.	n or receive income. Pleas e.	e include the TOTAL income receive	÷	Child income Weekly	How often? Bi-Weekly 2x Month Monthly	
Are you unsure what income to include here?	B. All 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 they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) 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	(including yourself) STEP 1 (including yourself s) only. If they do not recei <sup>,</sup>	) even if they do not receive income. ve income from any source, write '0'.	For each Household Membe If you enter '0' or leave any	Household Member listed, if they do receive income, report total gross income (before taxes) iter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	income, report total gr ying (promising) that th	oss income (before taxes) lere is no income to report.
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	ast) Earnings from Work	How often? Weekly Bi-Weekly 2xMonth Monthly	Public Assistance/ Child Support/Alimony Weekly	How often? Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		<del>\$</del>	000000000000000000000000000000000000000	\$	0 0 0	~	0 0 0
The "Sources of Income for Children" chart will		<b>↔</b>	0 0 0	\$	0 0 0	<b>\$</b>	0 0 0
Income section.		<b>↔</b>	0 0 0	••           ••           ••           ••           ••           ••           ••           ••           ••           ••	0 0 0	\$	0 0 0 0
The "Sources of Income for Adults" chart will help you with the All Adult		<b>*</b>	0 0 0	*	0 0 0	<b>\$</b>	0 0 0 0
Household Members section.		\$ 	0 0 0	\$ 	0 0 0	\$	0 0 0
	Total Household Members (Children and Adults)	Last Four Digits of Primary Wage Earn	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	X X X X X		Check if no SSN	
STEP 4 Contact ir	Contact information and adult signature.						
"I certify (promise) that all informati false information, my children may	" 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."	reported. I understand that thin rapplicable State and Federal	s information is given in connection with the laws."	e receipt of Federal funds, and the	at school officials may verify (cł	heck) the information. I an	n aware that if I purposely give
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)	Email (optional)	

Printed name of adult signing the form

Signature of adult

Today's date

Persons with disabilities who require alternative means of communication for program information (e.g. Braile large print, audicape, American Sign Language, etc.), should contact the Agency (State or local) where the applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USD/ through the Federal Relay Service at (800) 877-8339. Additionally, program information Complaint <b>To file a program complaint of discrimination</b> , 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 requesed in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 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. This institution is an equal opportunity provider.	Black or African American       Native H         Persons with disabilities who require alternative large print, audictape, American Sign Language applied for benefits. Individuals who are deaf, h through the Federal Relay Service at (800), available in languages other than English.         To file a program complaint of discrimination Form, (AD-3027) found online at: http://www.asc.office, or write a letter addressed to USDA and p form. To request a copy of the complaint form, co. U.S.D. Department of Agriculture 0 fac:         mail:       U.S. Department of Agriculture 1400 Independence Avenue, SW         Washington, D.C. 20250-9410       fax:         fax:       (202) 690-7442; or email:         program.intake@usda.gov.       This institution is an equal opportunity provider.         This institution is an equal opportunity provider.       Firee	anic or Latino live Asian I n this application. You do for free or reduced price household member who red when you apply on SNAP), Temporary Indian Reservations te that the adult household use your information to tration and enforcement of reducation, health, and grams, auditors for of program rules. DA) civil rights regulations ticipating in or DD) civil rights regulations ticipating in or solor, national origin, sex, or activity conducted or Household Size Ca	Ethnicity (check one):       Hispanic or Latino       Not Hispanic or Latino         Race (check one or more):       American Indian or Alaskan Native       Asian         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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household number signing the application does not have a social security number. We will use your information turtion programs to help them evaluate, fund, or determine benefits for their program rules.         In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA to reprisal or retaliation for prior civil rights activity in any program or activity conducted or trade by USDA.         Mont fill out       For COPPER CANNON use only         How often reture       How often reture         How often reture       Month x 24         How often reture       How often reture         Household Size       How often reture
<ul> <li>alternative means of communication for program information (e.g. Bra in Language, etc.), should contact the Agency (State or local) where to are deaf, hard of hearing or have speech disabilities may contact US e at (800) 877-8339. Additionally, program information may be mi glish.</li> <li>crimination, complete the USDA Program Discrimination Complaint p://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA USDA and provide in the letter all of the information requested in the plaint form, call (866) 632-9992. Submit your completed form or letter to culture</li> <li>Secretary for Civil Rights</li> <li>D-9410</li> <li>O-9410</li> <li>Ov.</li> </ul>	Ack or African American		Ethnicity (check one): Hispanic or Latino Race (check one or more): American India The Richard B. Russell National School Lunch Act requin not have to give the information, but if you do not, we canno meals. You must include the last four digits of the social security behalf of a foster child or you list a Supplemental Nutrition A Assistance for Needy Families (TANF) Program or Food Dis (FDPIR) case number or other FDPIR identifier for your child member signing the application does not have a social secu- determine if your child is eligible for free or reduced price me the lunch and breakfast programs. We MAY share your eligi nutrition programs to help them evaluate, fund, or determine program reviews, and law enforcement officials to help them and policies, the USDA, its Agencies, offices, and employees administering USDA programs are prohibited from discrimine disability, age, or reprisal or retaliation for prior civil rights ac funded by USDA.
<ul> <li>alternative means of communication for program information (e.g. Bra in Language, etc.), should contact the Agency (State or local) where t or are deaf, hard of hearing or have speech disabilities may contact US e at (800) 877-8339. Additionally, program information may be miglish.</li> <li>crimination, complete the USDA Program Discrimination Complaint pr/www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA uSDA and provide in the letter all of the information requested in the plaint form, call (866) 632-9992. Submit your completed form or letter to ciculture Secretary for Civil Rights anue, SW 0-9410 2-9410 2-9410</li> </ul>	ack or African American		Ethnicity (check one): Hispanic or Latino Race (check one or more): American Indial The Richard B. Russell National School Lunch Act requin not have to give the information, but if you do not, we canno meals. You must include the last four digits of the social security behalf of a foster child or you list a Supplemental Nutrition A Assistance for Needy Families (TANF) Program or Food Dis (FDPIR) case number or other FDPIR identifier for your child member signing the application does not have a social security determine if your child is eligible for free or reduced price me the lunch and breakfast programs. We MAY share your eligi nutrition programs to help them evaluate, fund, or determine program reviews, and law enforcement officials to help them and policies, the USDA, its Agencies, offices, and employees administering USDA programs are prohibited from discrimina disability, age, or reprisal or retaliation for prior civil rights ac funded by USDA.
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<b>OPTIONAL</b> 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.	ation is important and helps to or reduced price meals.	lentities our children's race and ethnicity. This inform: s not affect vour children's eliaibility for free o	<b>OPTIONAL</b> Children's Racial and Ethnic Identities We are required to ask for information about your children's race and ethnicity. This information is importan Responding to this section is optional and does not affect your children's eligibility for free or reduced price
- Strike benefits - Rental income - Regular cash payments from outside household	<ul> <li>FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	- A child receives regular income from a private pension fund, annuity, or trust	-Income from any other source
<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Investment income</li> <li>Earned interset</li> </ul>		<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>	-Income from person outside the household re
<ul> <li>Supplemental Security retirement and black lung benefits)</li> <li>Cash assistance from clisability benefits</li> <li>State or local - Regular income from clisability benefits</li> </ul>	- Net income from self- employment (farm or business) If you are in the U.S. Military:	<ul> <li>A child is blind or disabled and receives Social</li> <li>Security benefits</li> <li>A Parent is disabled, retired, or deceased, and</li> <li>their child receives Social Security benefits</li> </ul>	<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> <li>the the</li> </ul>
0	- Salary, wages, cash bonuses	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>	- Earnings from work
Public Assistance / Pensions / Retirement / Alimony / Child Support All Other Income	Earnings from Work	Example(s)	Sources of Child Income
Sources of Income for Adults	Sot	of Income for Children	Sources of Incom