

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

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)

Definition of Household 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 eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Check box if child is a student at [DISTRICT/ SCHOOL NAME] | Check box if child is a Foster Child or is Homeless, Migrant, or Runaway | Homeless, Migrant, Runaway | | | |
|--------------------|----|-------------------|--|--|----------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | <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"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Selected for Verification
 Determining Official's Signature: _____ Date: _____
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

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

SNAP TANF FDPIR

If **NO** > Complete STEP 3. If **YES** > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. **Case Number:** _____

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 **All Adult Household Members** section.

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

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

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 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.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly |
| | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X _____ Check if no 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 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."

Street Address (if available) _____ Apt # _____
 City _____ State _____ Zip _____
 Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____
 Signature of adult completing the form _____
 Today's date _____

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

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Application for Free and Reduced-Price School Meals may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.**

- NO! I **DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with **[NAME OF PROGRAM SPECIFIC TO YOUR SCHOOL/DISTRICT]**.

If you checked yes to any or all of the boxes above, fill-in the information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____
 Printed Name: _____ Address: _____

For more information, you may call **[NAME]** at **[PHONE]** or e-mail at **[E-MAIL ADDRESS]**.
Return this form to: [ADDRESS] by [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 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 law 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 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 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.