

**Return Completed Application to:** (Insert School name, mailing address here)

**Part 1: Children in School**

| List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name) | Check box below if a foster child | Name of School Child Attends | Grade |
|--|-----------------------------------|------------------------------|-------|
|  | <input type="checkbox"/>          |                              |       |
|  | <input type="checkbox"/>          |                              |       |
|  | <input type="checkbox"/>          |                              |       |
|  | <input type="checkbox"/>          |                              |       |
|  | <input type="checkbox"/>          |                              |       |

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:   
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

| 1. Household Members  | 2. Gross Income (before taxes) and How Often it was Received |           |   |           |   |           |
|---|--|-----------|---|-----------|---|-----------|
| List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed. | Earnings from Work before deductions                         |           | Public Assistance, Child Support, Alimony |           | Pensions, Retirement and All Other Income |           |
|   | Income   | How often | Income                                    | How often | Income                                    | How often |
|   |  |           |   |           |   |           |
|   |  |           |   |           |   |           |
|   |  |           |   |           |   |           |
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|   |  |           |   |           |   |           |
|   |  |           |   |           |   |           |

Total Number of Household Members: \_\_\_\_\_ (Children and Adults)      Last four digits of Social Security Number (SSN) of the adult signing this form:    XXX – XXX – \_\_\_\_ – \_\_\_\_      Check if no SSN

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

*"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."*

Sign here: \_\_\_\_\_      Print name: \_\_\_\_\_      Date: \_\_\_\_\_

Street Address (if available): \_\_\_\_\_      Zip: \_\_\_\_\_      Daytime Phone: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:**      – and –      **Check one or more Racial Identities:**

Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

|  |   |                     |                     |              |
|--|---|---------------------|---------------------|--------------|
| Annual Income Conversion:  | Weekly X 52;  | Every 2 weeks X 26; | Twice a month X 24; | Monthly X 12 |
| Total Household Size: _____  | <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied<br><input type="checkbox"/> Income      Reason for denial:<br><input type="checkbox"/> Categorically eligible:<br><input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Income too high<br><input type="checkbox"/> Foster Child <input type="checkbox"/> Incomplete application |                     |                     |              |
| Total Income: _____ per<br><input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week |   |                     |                     |              |

Signature of Determining Official: \_\_\_\_\_      Date Approved: \_\_\_\_\_

| FOR THE VERIFICATION PROCESS ONLY:      |                       | Date Withdrawn From School: |
|---|-----------------------|-----------------------------|
| Signature of Confirming Official: _____ | Date Confirmed: _____ |                             |
| Signature of Verifying Official: _____  | Date Verified: _____  |                             |

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL INCOME CHART<br>for School Year 2017-18 |        |         |                 |                 |        |
|---|--------|---------|-----------------|-----------------|--------|
| Household size                                  | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1   | 22,311 | 1,860   | 930             | 859             | 430    |
| 2   | 30,044 | 2,504   | 1,252           | 1,156           | 578    |
| 3   | 37,777 | 3,149   | 1,575           | 1,453           | 727    |
| 4   | 45,510 | 3,793   | 1,897           | 1,751           | 876    |
| 5   | 53,243 | 4,437   | 2,219           | 2,048           | 1,024  |
| 6   | 60,976 | 5,082   | 2,541           | 2,346           | 1,173  |
| 7   | 68,709 | 5,726   | 2,863           | 2,643           | 1,322  |
| 8   | 76,442 | 6,371   | 3,186           | 2,941           | 1,471  |
| Each additional person:                         | 7,733  | 645     | 323             | 298             | 149    |

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 are 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](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:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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