## **2024-2025 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

STEP 1 List ALL	Household Members who are infants, ch	nildren, and stude	ents up to a	nd including	grade 12 (if	more spac	es are requ	uired for add	ditional n	ames, a	ttach an	other sh	neet 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	M	Child's	Last Name						Gra	ade	Studen Yes   Control C	t? No Check all that apply	Child	Homeles Migrant Runawa
STEP 2 Do any H	Household Members (including you) curr	ently participate	in one or mo	ore of the foll	lowing assis	stance prog	grams: SN	AP, TANF, o	r FDPIR?	?					
	If NO > Go to STEP 3.	<b>YES &gt;</b> Write a ca	se number he	ere then go to S	STEP 4 (Do r	not complete	STEP 3)	Case No	umber:						
		· LOP Willoada	oo nambor ne	no thom go to t	3.2 <u>1</u> 20 <u>.</u>	iot compicto	<u>0121 0</u> )				W	rite only on	ie case n	umber ir	n this spac
STEP 3 Report In	ncome for ALL Household Members (Skip t	his step if you ans	wered 'Yes'	to STEP 2)											
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	1000110 111001110. 1 10	saco intolado ti	10 10 17 (E 111001	110 10001100 0	y an	•				$\cap$	$\supset$			
Are you unsure what income to include here? Flip the page and review	B. All Adult Household Members (inc List all Household Members not listed in STE for each source in whole dollars (no cents) or	P 1 (including yours	self) even if the		e, write '0'. If y		or leave any f			ifying (pro		nat there is	s no inc		report.
income to include here?  Flip the page and review the charts titled "Sources of Income" for more	List all Household Members not listed in STE	EP 1 (including yours nly. If they do not rec	self) even if the ceive income f	rom any source	e, write '0'. If y	ou enter '0' o	hold Membe or leave any f	ields blank, yo	ou are certi	ifying (pro	mising) th	nat there is	s no inc	ome to r	report.
income to include here? Flip the page and review the charts titled "Sources	List all Household Members not listed in STE for each source in whole dollars (no cents) or	EP 1 (including yours nly. If they do not rec	self) even if the ceive income f	rom any source How often?	e, write '0'. If y	ou enter '0' c	hold Membe or leave any f	How often?	ou are certi	s	mising) th	nat there is	s no inc	ome to r	report.
income to include here?  Flip the page and review the charts titled "Sources of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income	List all Household Members not listed in STE for each source in whole dollars (no cents) or	EP 1 (including yours nly. If they do not rec	self) even if the ceive income f	rom any source How often?	fonthly \$ \$ \$ \$	ou enter '0' c	hold Membe or leave any f	How often?	th Monthly	s \$	mising) th	nat there is	s no inc	ome to r	report.
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income to include here?  Flip the page and review the charts titled "Sources of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	List all Household Members not listed in STE for each source in whole dollars (no cents) of Name of Adult Household Members (First and Last)  Total Household Members (Children and Adults)	EP 1 (including yours nly. If they do not rec Earnings from Wo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	self) even if the ceive income for the ceive income	rom any source How often? 33-Weekly 2x Month M	s, write '0'. If y  Annthly  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	ou enter '0' c Public Assistance Child Support/Alin	hold Membe or leave any for hony Weekly	ields blank, yt How often? Bi-Weekly 2x Mon	th Monthly	\$ \$ \$ \$ \$ Check if	mising) the insigns (Retire Other Income	ment/ W	s no inco	ome to r How often Veekly 2x f	report. n? Month Month

Today's date

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 Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>								
-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								

Public Assistance /	Pensions / Retirement /
Alimony / Child Support	All Other Income
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
	- Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits

Date

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OPTIONAL C	Children's Racial and Ethnic Identities	
•	e):  Hispanic or Latino Not Hispanic or Latino According Indian and According Delta Notice In According Delta Not Hispanic or Latino	mation is important and helps to make sure we are fully serving our community. e or reduced price meals.  Black or African American  Native Hawaiian or Other Pacific Islander  White
not have to give the informeals. You must include signs the application. The behalf of a foster child of Assistance for Needy Fig. (FDPIR) case number of member signing the app determine if your child is the lunch and breakfast nutrition programs to he program reviews, and la lin accordance with Federand policies, the USDA, administering USDA pro	Il National School Lunch Act requires the information on this application. You do ormation, but if you do not, we cannot approve your child for free or reduced price e the last four digits of the social security number of the adult household member who le last four digits of the social security number is not required when you apply on or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary families (TANF) Program or Food Distribution Program on Indian Reservations or other FDPIR identifier for your child or when you indicate that the adult household plication does not have a social security number. We will use your information to its 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 elep them evaluate, fund, or determine benefits for their programs, auditors for aw enforcement officials to help them look into violations of program rules.  The programs are prohibited from discriminating based on race, color, national origin, sex, and or retaliation for prior civil rights activity in any program or activity conducted or	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, 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:  mail:  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.
Do not fill out	For School Use Only	
Annual Income Co	onversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Month	nly x 12

Annual	Income	Conversion:	Weekly x 52,	Every 2 W	'eeks x 26, <sup>-</sup>	Twice a N	/lonth x 24	Monthly	x 1	2
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Determining Official's Signature	D	Date		C	Confirming Official'	s Signature	Date	Ver	ifying (	Official's	Signature
	0	0	0	$\circ$		Categorical	Eligibility	0	0	$\circ$	
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied	
,	How often?				TWICO a MOTHET	(2) Monthly X 12			Eligibility	<b>/</b> :	
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