2022-2023 Household Application for Free and Reduced Price School Meals

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

In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to some income in STEP 1 here. 3. All Adult Household Members not listed in STEP 1 here. 3. All Adult 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 only (no cents). If they do not receive income, 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 Name) C. How often? C. How	STEP 1			_ infa																					old	Men	nbe	rs	lf m	ore s	pace	es are	required	for a	dditiona	l nam	es, atta	ch anotl	ier she	et of p	aper.	
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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."	G. Total Household Members (Children and Adults)—REQUIRED H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or Check box if no SSN X X X X Check box, if no SSN Check box, if no SSN																																									
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Today's Date Mo./Day/Yr.

INSTRUCTIONS Source of Income

Sources of Income for Children

Sources of Child Income	Example(s)							
- Gross earnings from work	 A child has a regular full or part-time job where they earn a salary or wages 							
 Social Security Disability payments 	 A child is blind or disabled and receives Social Security benefits 							
 Survivor's benefits 	 A parent is disabled, retired, or deceased, and their child receives Social Security benefits 							
 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 							

Sou	urces of Income for Adu	lts
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
 Gross salary, wages, cash bonuses Net income from self-employment (farm or business); FARM—refer to line 3 and 6 of Schedule 1 or line 34 from Schedule F; BUSINESS—line 31 from Schedule C or 1040-Line 8, Wage and Statement, Line 3. If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food and clothing 	 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 from outside household

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	Hispanic or Latino			
Race Check one or more	American Indian or Alaskan Native	· _	Black or African American	Native Hawaiian or Other Pacific Islander	White
do not have to give the informat price meals. You must include th member who signs the applicatio (SNAP), Temporary Assistance Indian Reservations (FDPIR) ca that the adult household membe will use your information to dete administration and enforcement information with education, heal benefits for their programs, aud look into violations of program m In accordance with federal civil and policies, this institution is pr (including gender identity and so activity. Program information may be mar require alternative means of com	hal School Lunch Act requires the information of tion, but if you do not, we cannot approve your of the last four digits of the social security number of the on. The last four digits of the social security numforter for Needy Families (TANF) Program or Food Di ase number or other FDPIR identifier for your chi- er signing the application does not have a social remine if your child is eligible for free or reduced to the lunch and breakfast programs. We MAY th, and nutrition programs to help them evaluate itors for program reviews, and law enforcement ules. rights law and U.S. Department of Agriculture (Urohibited from discriminating on the basis of race exual orientation), disability, age, or reprisal or reduced the available in languages other than English. Person munication to obtain program information (e.g., B Id contact the responsible state or local agency th	hild for free or reduced e adult household ber is not required sssistance Program stribution Program on Id or when you indicate security number. We price meals, and for share your eligibility e, fund, or determine officials to help them ISDA) civil rights regulations e, color, national origin, sex etaliation for prior civil rights sons with disabilities who raille, large print, audiotape,	(800) 877-8339. To file a program discrimination com Discrimination Complaint Form which <u>https://www.usda.gov/sites/default/fil</u> <u>17Fax2Mail.pdf</u> , from any USDA offiti must contain the complainant's name action in sufficient detail to inform the	es/documents/USDA-OASCR%20P-Complaint-Form-0506 ce, by calling (866) 632-9992, or by writing a letter address e, address, telephone number, and a written description of a Assistant Secretary for Civil Rights (ASCR) about the nat AD-3027 form or letter must be submitted to USDA by: e ary for Civil Rights SW D; or 7442; or	ISDA Program 3-0002-508-11-28- ed to USDA. The letter the alleged discriminatory
Do not fill out Fo	or School Use Only	Annual Income Conversion: W	eekly x 52, Bi-Weekly (Every 2 Weeks) x 2	26, Twice a Month x 24, Monthly x 12	
Total Income Determining Official's Signa	How often? Weekly Bi-Weekly 2x Month Monthly Yearly Image: Colspan="3">Image: Colspan="3">Option of the monthly Image: Colspan="3">Image: Colspan="3" Image: Colspan="3" Image: Colspan="3">Image: Colspan="3" Image: Colspan="3" Image: Colspa			Date Denied <i>Mo./Day/Yr.</i> Reason for Denial or Without //Yr. Verifying Official's Signature Required for Verification process only	Date Mo./Day/Yr.
For schools participating	in CEP only: Are all students on thi	s application from a CEP s	chool? Yes No		

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.