## 2020-21 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use a pen.

STEP 1 List ALL CHILI	OREN in the household. If more space	e is required fo	or additional names, attach another sheet o	f paper.		
DEFINITIONS:	Child's First Name	MI C	hild's Last Name	School	Student? Grade	Homeless (or) Runaway Migrant Foster
Children in Household:				]		
Any infant, child or student up to 12th grade that lives in your		╡┝═┥╞		] []		
household.		╡┝═┥┝		_		
Household Member: Anyone who is living with you		┥┝╾┥┝		]		
who shares income and expenses, even if not related.						
STEP 2 Do any househ	old members (including you) currently	participate	in one or more of the following Assistance	Programs SNAP or TANF or Fi	OPIR?	
	ehold member participates in SNAP or TANF or hold member participates in SNAP or TANF or hold member of the state of the s		YES         If YES, write your SNAP or TA and then go to STEP 4. Do not	ANF or FDPIR case number here ot complete STEP 3.	MT Case #:	
STEP 3 Report Income	for ALL Household Members. Skip thi	is step if you	wrote a SNAP or TANF or FDPIR case num	ber in STEP 2.		
A. Child Income						Weekly Bi-Weekly 2X Month Monthly Yearly
Sometimes children in the hou		ncome earned by	all Child Household Members listed in STEP 1 here.		▶ \$	$\bigcirc \bigcirc $
	ot listed in STEP 1 (including yourself) even if they o		come. For each Household Member listed, if they do rea tifying (promising) that there is no income to report.	:eive income, report total gross income (b	efore taxes) for each source in	whole dollars (no cents) only. If they do
First and Last Name of Adult Househo	d Member Earnings from Work Week	kly Bi-Weekly 2X	Month Monthly Yearly Public Assistance/Child	/eekly Bi-Weekly 2X Month Monthly Yearly	Pension/Retirement/	Weekly Bi-Weekly 2X Month Monthly Yearly
			Support/Alimony		All Other Income	
					]\$	
				$\underline{)}$		
	\$			$\bigcirc \bigcirc $	\$	$\bigcirc \bigcirc $
	\$ C			$\bigcirc \bigcirc $	\$	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$
C. Total Household Members (Children and Adults)			D. Last Four Digits of Social Securit (Primary Wage Earner or Other Ac		x x x x	Check if no SSN
STEP 4 Contact Inform	ation and Adult Signature.					
	on this application is true and that all income is report benefits, and I may be prosecuted under applicable :		that this information is given in connection with the rece laws."	ipt of Federal funds, and that school officia	ls may verify (check) the informa	ation. I am aware that if I purposely give false
		] [				
Mailing Address	Apt #	City	State	Zip Daytime	e Phone and Email (option	ial)
Printed Name of Adult Comple	ting Form	Signature of A	dult Completing Form	Today's	; Date	
SCHOOL USE ONLY So	hool District Must Complete This Secti	on.				
Signature of Determining Official:	Date:	Directly Certifie	d (DC) from DCA/Source Records: 🗌 SNAP DC 🛛 TANF	DC Group FDPIR DC Group Homeless/Runaway D	DC 🗌 Migrant DC 🗌 Foster D	
Signature of Confirming Official:	Date:		Categorical Eligibility: 🗌 Foster Child 🗌	Case Number		Weekly X 52 Bi-Weekly X 26
Signature of Verifying Official:	Date:		Total Household Income: \$	per		Twice a Month X 24 Monthly X 12
	, <u> </u>		Household Size:			Convert to annual income ONLY if different frequencies of income listed.
Application Received:	Application Effective Date:		Application Approved For:  Free Meals  Red	uced-Price Meals 🛛 Application Denied		ancient nequencies of medine listed.

OPTIONAL Children s Racial and Ethnic Identities.							
6	nation helps to make sure we are fully serving our community. Responding to this section is shildren's eligibility for free or reduced price meals.						
Ethnicity:	Race:						
Hispanic or Latino	American Indian or Alaskan Native						

Asian

Not Hispanic or Latino

	🗌 Blac	k or African A	merican			
					(	

White

Free/Reduced Price School Meal Application Income Guidelines						
Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly	
1	\$23,606	\$1,968	\$984	\$908	\$454	
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614	
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773	
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933	
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092	
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251	
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411	
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570	
Each additional family member	\$8,288	\$691	\$346	\$319	\$160	

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 <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (AD-3027) found online at:

<u>http://www.ascr.usda.gov/complaint\_filing\_cust.html</u>, 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.

This institution is an equal opportunity provider.

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.