2022-23 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use pen.

STEP 1 List ALL CHI	LDREN in the household. If more spac	e is required for additional name	es, attach another sheet of p	paper.		
DEFINITIONS:	Child's First Name	MI Child's Last Name		School	Student? Grade	Homeless (or) Migrant Foster
					Y N	Runaway
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.						
	ehold members (including you) current	_	the following Assistance P	rograms SNAP or TANF o	or FDPIR?	
	usehold member participates in SNAP or TANF or omplete STEP 3.	YES	If YES , write your SNAP or TANK and then go to STEP 4. Do not o		MT Case #:	
STEP 3 Report Incom	ne for ALL Household Members. Skip th	his step if you wrote a SNAP or	TANF or FDPIR case number	er in STEP 2.		
. Child Income						Weekly Bi-Weekly 2X Month Monthly Yearly
	nousehold earn income. Please include the TOTAL	income earned by all Child Household N	Members listed in STEP 1 here.		→ \$	0 0 0 0
 Adult Income (including List ALL Household Members 	g yourself) s not listed in STEP 1 (including yourself) even if they	do not receive income. For each Househ	old Member listed, if they do receiv	ve income, report total gross inco	me (before taxes) for each source in	whole dollars (no cents) only. If they do
	source, write '0'. If you enter '0' or leave any fields			, ., ., .,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
irst and Last Name of Adult Housel	hold Member Earnings from Work Wee	ekly Bi-Weekly 2X Month Monthly Yearly	Public Assistance/Child Support/ Alimony Week	ly Bi-Weekly 2X Month Monthly Y	Pension/Retirement/ All Other Income	Weekly Bi-Weekly 2X Month Monthly Yearly
	\$		s T		\bigcirc s \Box	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
			•			
	\$					
. Total Household Member	\$		\$			
(Children and Adults)	•		Last Four Digits of Social Security I Primary Wage Earner or Other Adult		x x x x x	Check if no SSN
STEP 4 Contact Infor	mation and Adult Signature.					
	on on this application is true and that all income is repo eal benefits, and I may be prosecuted under applicable		given in connection with the receipt	of Federal funds, and that school o	officials may verify (check) the informa	ation. I am aware that if I purposely give false
Mailing Address	Apt#	City	State Z	ip Day	rtime Phone and Email (option	al)
Printed Name of Adult Comp	leting Form	Signature of Adult Completing Fo	orm	Too	lay's Date	
SCHOOL USE ONLY	School District Must Complete This Sect	tion.				
ignature of Determining Official:	Date:	Directly Certified (DC) from DCA/Source	Records: SNAP DC TANF DC	☐ FDPIR DC ☐ Homeless/Runa	way DC	
Signature of Confirming Official:	Date:	Categorical	Eligibility: Foster Child C	ase Number		Weekly X 52 Bi-Weekly X 26
Signature of Verifying Official:	Date:	Total Household	d Income: \$	per		Twice a Month X 24 Monthly X 12
	<u> </u>	House	ehold Size:			Convert to annual income ONLY if
pplication Received:	Application Effective Date:	Application App	roved For: Free Meals Reduce	ed-Price Meals Application Denied	d .	different frequencies of income listed.

OPTIONAL	Children's Rac	cial and Ethnic Identities.					
Ü		ation helps to make sure we are fully serv hildren's eligibility for free or reduced price	ving our community. Responding to this section is e meals.				
Ethnicity:		Race:					
☐ Hispanic or Latino		☐ American Indian or Alaskan Native	☐ Native Hawaiian or Other Pacific Islander				
☐ Not Hispanic or Latino		☐ Asian	☐ White				
		☐ Black or African American					
		l 					

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

Free/Reduced Price School Meal Application Income Guidelines								
Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly			
1	\$25,142	\$2,096	\$1,048	\$967	\$484			
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652			
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820			
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988			
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156			
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324			
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492			
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659			
Each additional family member	\$8,732	\$728	\$364	\$336	\$168			

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.