## 2016-2017 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at

Street Address (if available)	Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN)  of Primary Wage Earner or Other Adult Household Member  XIFP 4 ("untaged Information and Adults)  Last Four Digits of Social Security Number (SSN)  Of Primary Wage Earner or Other Adult Household Member  XIFP 4 ("untaged Information and Adults)  Last Four Digits of Social Security Number (SSN)  XIFP 4 ("untaged Information and Adults)  Check if No SSN   XIFP 4 ("untaged Information and Adults)  Last Four Digits of Social Security Number (SSN)  XIFP 4 ("untaged Information and Adults)  Check if No SSN   XIFP 4 ("untaged Information and Adults)  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 size and federal laws.				Names of Adult Household Members (First and Last)	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 House Members section.	Are you unsure what income to include here?  Flip the page, and review the charts titled Sources of theome for more information.	STFP 3. Report income for $ALL$ household members (Skip this step if you answered $SES$ to STEP 2)	STEP 2. Do any household members (including you) currently participate in one or more of the following assistance progr If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)	Price School Meals for more information	migrant, eligible eligible lls. Read Ho	Children in foster care and children who meet the definition of home-	income and even if not	Definition of Household Chile Member—Anyone who is living with you and	STEPT List XLI household members who are infants, children, and students, up to and including Grade 12 of more spaces
	Adults)  Adult Signature  Adult Signatur	64 64	\$	₩ W	Earnings from Work w	B. All Adult Household Members (Including Yourself) List all household members not listed in STEP I (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.	A. Child Income Sometimes children in the household earn or receive income. received by all children in the household listed in STEP 1 here.	ousehold members (S	rs (including you) et a case number here,					Child's First Name	ers who are infants.
Api #	Last Fo	$oxdapsymbol{oxed}$			Weeldy	ehold l membe me (befi are cert	ren in t ildren i	Skip th	then g			:		I W	childre
City	our Digi nary Wa				How Weekly	Membe ers not ore taxe tifying t	he hou n the h	is step	y part						en. and
	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member to reported. I understand that this information is given in connection with the applicable state and federal laws.				How Often  2x Month Monthly	irs (Including listed in STEP s) for each son (promising) that	sehold earn or ousehold listed	if you answe	cipate in one TEP 4. (Do 1					Child's Last Name	students, up
	urity Nu her Adu mation is				Đ,	Yours 1 (incluance in t there is	receive in STEI	red YL	or ma					Name	to and
State	Imber (S It House	<del>50</del> 50	<del></del>	<del>∞</del> ∞	<b>₹</b> ₽₹	elf) iding you whole o	) incom	Stos	re of th						includ
Zip Code	SN)  chold Member  chold Member				Public Assistance/ Child Support/ Alimony	urself), even l follars (no cel come to repor	e. Please include the TOTAL	(EP 2)	ne following STEP3.)					Sch	ing Grade L
Dayti	X X		Ц		Weekly	if they d	slude th		BASISE					School Name	of ne
Daytime Phone and E-	X X X X X				How Often	lo not receiv								me	
E-Mail (Optional)	hat school of				<del>-</del>	e income. not recei	income		m: //					Grade	e requii
	Ticials may				Monthly	For eac			E 133						red for
	C verify (check) the	8 8	·   «	<b>∞</b> ∞	Penrious/ Retiremen All Other	h household ne from any	Child Income		ams: NAP. TANE or EDPIR?  Case Number:					Birth Date	are required for additional names, attach another sheet of papers
	Check if No SSN				Pensions/ Retirement/ All Other Income	member source,	ncome						Yes	Stu	allies.
	Jo SSN	H			Weekly	listed, i write 0			only one				N <sub>0</sub>	Student?	ttach a
	\are that it				+	f he/she			case nun		Check a	ll that	apply		nother
	1 purpose				How Often	does n	How ( Weekly Bi- weekly		Write only one case number in this space.				]	Foster Child	sheet o
	y give fals				2x Month	eceive i	Often Mont		is space.				+		fpape
	n T	口			Monthly	ncome, ve any	Musel						Runaway	Homeless, Migrant,	

Printed Name of Adult Signing the Form

Signature of Adult Completing the Form

Sources of Child Income	urces of Child Income		Sources of Income for Adults	
Sources of Child Income	Example(s)	Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
• Earnings from work	<ul> <li>A child has a regular full- or part-time job where he/she earns a salary or wages</li> </ul>	<ul> <li>Salary, wages, cash bonuses</li> <li>NET income from self- employment (farm or</li> </ul>	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>
<ul> <li>Social Security</li> <li>Disability payments</li> <li>Survivor's benefits</li> </ul>	<ul> <li>A child is blind or disabled and receives social security benefits</li> <li>A parent is disabled, retired, or deceased, and his/her child</li> </ul>	business)  If you are in the U.S.  Military:  Basic pay and cash bonuses (do	<ul> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> </ul>	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> </ul>
<ul> <li>Income from persons         OUTSIDE the household</li> </ul>	receives social security benefits <ul> <li>A friend or extended family member REGULARLY gives a child spending money</li> </ul>	NOT include combat pay, FSSA, or privalized housing allowances)  Allowances for off-base	<ul> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul><li>Annuities</li><li>Investment income</li><li>Earned interest</li><li>Rental income</li></ul>
<ul> <li>Income from any other source</li> </ul>	<ul> <li>A child receives moome from a private pension fund, annuity, or trust</li> </ul>	housing, food, and clothing		• REGULAR cash payments from outside household
OPTIONAL Children's Rad We are required to ask for information to this section is optional and does no	OPTIONAL. Children's Racial and Ethnic Identifies We are required to ask for information about your children's race and ethnicity. This information is important and he to this section is optional and does not affect your children's eligibility for free or reduced-price meals.	city. This information is important free or reduced-price meals.	and helps to make sure we are fully serving our community. Responding	ng our community. Responding
Ethnicity (Check One):	Hispanic or Latino American Indian or Alaskan Native	<ul><li>□ Not Hispanic or Latino</li><li>□ Asian □ Black or African American</li></ul>	can 🏻 Native Hawaiian or Other Pacific Islander	ander   White
The Richard B. Russell National School Lunch Act requires the information on this a adult household member who signs the application. The test four digits of the social secu Distribution Program on Indian Reservations (FDPIR) case number or other HDPIR identifies or reduced-price meals and for administration and enforcement of the hunch and b reviews, and law enforcement officials to help them look into violations of program rules	iries the information on this application. You do not have to get four digits of the social security number is not required when number or other FDPIR identifier for your child, or when you forcement of the heach and breakfast programs. We MAT's to violations of program rules.	we the information, but if you do not, we cannot appro in you apply on behalf of a foster child or you list a Su indicate that the adult household member signing the ay hare your eligibility information with education, health	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 is not required when you apply on behalf of a forster child or you list a Supplemental Numition Assistance Program (SNAP). Temporary Assistance for Needy Examiles (JANP) 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 it for their programs, auditors for program reviews, and law enforcement of fixed into help them look into violations of program rules.	last four digits of the social security number of the same for Needy Families (TANP) Program, or Food information to determine if your child is eligible for the benefits for their programs, auditors for program
In accordance with federal civil rights law and United Stat color, national origin, sex, disability, age, or reprisal or retal	n accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its ag 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.	and policies, the USDA its agencies, office, employee conducted or funded by USDA.	In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, is agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on nace, color, national origin, sex, disability, age, or reprised or relativation for prior civil rights activity in any program or activity conducted or funded by USDA.	s are prohibited from discriminating based on race.
Persons with disabilities who require alternative means of c speech disabilities may contact USDA through the Federal	Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language (ASL)) should contact the speech disabilities may contact USDA through the Federal Relay Service at 800-877-3339. Additionally, program information may be made available in languages other than English.	int, audiotape, American Sign Language (ASL)) should sation may be made available in languages other than E	contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have inglish.	. Individuals who are deaf, hard of hearing, or have
To file a program complaint of discrimination, complete the requested in the form. To request a copy of the complaint	To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3037) found online at requested in the form. To request a copy of the complaint form, call 866-632-9992. Subnat your completed form or letter to USDA by:	found online at: <a href="http://www.ascr.usda.gov/complaint_filer to USDA by:">http://www.ascr.usda.gov/complaint_filer to USDA by:</a>	To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cast.html">http://www.ascr.usda.gov/complaint_filing_cast.html</a> and at any USDA office or write a letter addressed to USDA and provide in the fetter 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:	USDA and provide in the letter all of the information
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	3. E-Mail: prog	E-Mail: program.intake@usda.gov	This institution is an equal opportunity provider.
Do not fill out - For School Use Only	se Only			
Annual Income Conversion: Weekly x  Total Income  Annually Bi-Weekly	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12  How Often?  Total Income  Annually Bi-Weekly 2 x Month Monthly Household Size  Categorical Eliferty	nth x 24, Monthly x 12	Eligibility: Free Reduced Denied	
Determining Official's Signature D	Date Confirming Official's Signature		Verifying Official's Signature	Date