Prototype Household Application for Free and Reduced Price School Meals

Apply online www.schoolcafe.com/sbmc

Today's date

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	ildren, and students	s up to and including gra	ade 12 (if more spaces a	re required for additional n	ames, attach another sheet 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	MI	Child's Last Name			Grade Student? Yes No Gode Foster Migrant, Child Runaway Gode Grade Student? Yes No Gode Grade Grade Foster Migrant, Child Runaway Grade Grade
	If NO > Go to STEP 3. If Y	ES > Write a case r	number here then go to STE	EP 4 (Do not complete STE	Case Number:	Write only one case number in this space.
STEP 3 Report In	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here. B. All Adult Household Members of listed in STE	How often? Bi-Weekly 2x Month Monthly income, report total gross income (before taxes)				
Flip the page and review the charts titled "Sources		, ,,	-	rite '0'. If you enter '0' or lea		ifying (promising) that there is no income to report. Pensions/Retirement/ All Other Income Pensions (Nother Income) Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$	0000	\$	0 0 0 0	\$ 0000
The "Sources of Income for Children" chart will help you with the Child Income section.		\$	0 0 0 0	\$	0 0 0 0	\$ 0000
The "Sources of Income for Adults" chart will help		\$)		\$ 0 0 0 0 0 0
you with the All Adult Household Members section.		\$	0 0 0 0	\$	0 0 0 0	s 0 0 0 0
STEP 4 Contact i	Total Household Members (Children and Adults) nformation and adult signature.	•	ocial Security Number (SSN) o r or Other Adult Household Me	ember X X X	X X	Check if no SSN
	ion on this application is true and that all income is repor lose meal benefits, and I may be prosecuted under app			n with the receipt of Federal funds	s, and that school officials may verify (check) the information. I am aware that if I purposely give
Street Address (if available)	Apt #	City	St	ate Zip	Daytime Phone and	Email (optional)

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 SecurityDisability PaymentsSurvivor's Benefits	 - A child is blind or disabled and receives Social Security 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						

Sources of Income for Adults							
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income					
- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates					
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Child support payments Veteran's benefits Strike benefits	 Annuities Investment income Earned interest Rental income Regular cash payments from outside household 					

Date

Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This in Responding to this section is optional and does not affect your children's eligibility for	
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander White
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. 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 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	

Determining Official's Signature		Date			confirming Official's	s Signature		Date	Ve	rifying(Official's Signature
	0	0	0	\circ		Categori	cal Eligib	ility	0	0	0
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size				Free	Reduced	Denied
How often?							Eligibility:				
Annual Income Conversion: Weekly	/ x 52, E [,]	ery 2	Weeks	s x 26,	Twice a Month x	: 24 Monthly x 1	12				