APPLICATION FOR FREE MILK/MEAL AND RE	· · · · · · · · · · · · · · · · · · ·				Choo! L	District. I	nstruction	s on back.	10,000	110 110 110 110 110 110 110 110 110 110	Production of	SE ONLY
1. All Household Members (Atta NAMES OF ALL HOUSEHOLD MEMBER			r it necessar	(for Student only) Grade	CNA	n ^^ .	TABIE A	LOE MILE				rone Application
First, Middle Initial, Last	(for Student on School N	(for Student only) School Name			SNA 4 if yo TANF not di house	POR u list a S must be rectly ce thold size	TANF CASNAP or TA provided of diffed for from and income	ASE NUM NF case no below. If you ee meals, y me.	IBER C Imber, A I recelve ou <u>MUS</u>	NLY Sk t least one Medicald I apply ba	Check if Foster Child*	
			W. O.									

2. Homeless, Migrant, Runaway, Homeless Migrant F		(Categorica		r School Homeles:	s Llaiso	n, Migrai						Date
3. Total Household Gross Incom	e (before dedi	uctions) You	ı must tell us	how much a	and h	ow o	ften.					
	· · · · · · · · · · · · · · · · · · ·		IT WAS RECEIVED					; \$100/every	other w	eek; \$100)/week)	
A. (LIST ALL HOUSEHOLD MEMBERS	B. Earnings	are, Child	Child D. Pensions, F					Retirement, E. Worker's Comp., Un Security ment, SSI, etc. (All othe				
WITH INCOME)	(Before D	eductions)	Suppo	rt, Alimony		Social S		Security				T
i.	Amount \$	How often?	Amount \$	How often?	\$	Amo	unt	How ofte	en?	Amo	ount	How often?
	'											
ll.			\$		\$				\$			
II.	\$		\$		\$				_	\$		
lv.	\$		\$		\$					\$		
V.	\$		\$		\$					\$	***************************************	
4. Signature and Social Security An adult household member must sign signing the form must also list the last from	the application. I our digits of his o number box.	f Part 3 is com r her social se	pleted, the adulticurity number of	nd the school w	ocial S illaet F	ecurity ederal	Number fundsba		e inform	securit	y numb sive Tun	derstand school
Date	Printed Name of Adult Household Member Signature of Adult Household Member											
5. Contact Information (Optiona	1)											
Work Telephone Number (Include Area	Code) Home T	elephone Nun	nber (Include Are	ea Code)	Ho	тө Ас	ddress (Number,	Street,	City, S	tate, Zi	p Code)
6. Children's Racial and Ethnic I	dentities (Opt	lonal)										
Mark one ethnic identity: Mark one or more racial identities: Hispanic/Latino Mark one or more racial identities: Asian Black or African American Not Hispanic/Latino White American Indian or Alaska Native												
	– THE FOI	LLOWING S	ECTIONS ARI	E FOR SCH	OOL	USE	ONLY-					
INITIAL DETERMINATION												
TOTAL INCOME \$ Per: W	Every 2 eek Weeks	Twice a	☐ Month ☐ '	NUMBER Year HOUSEH	R IN IOLD:		CHAN				Đ	ale
LEAs must annualize Income only when mult Annual Income Conversion Weekly X 52	liple incomes, at va	rying frequencie	s, are reported.	nce a Month X								
☐ migrant ☐ foste	P or TANF	Reduced ba	ld's income	Denled—Rea ☐ Income too ☐ Incomplete ☐ Non-qualify	high appl	Ication	I ANF		ate With	drawn:		
		Signature of L	etermining Officia					D D	ale:			

INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS. FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.).
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1: List all household members and the name of school for each child.
- Part 2: if any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Slon the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identitiles: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4; Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the name of school for each child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- . Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the Information you give us. 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, 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