

**Return Completed Application to:** **(Insert School Name & Mailing Address here)**

**Part 1: Children in School**

List names of all children in school ( <b>First, Middle Initial, Last</b> ). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.			Check all that apply: Homeless, Migrant, Runaway
	Grade	Name of School Child Attends	<input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless, Migrant, Runaway
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:   
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s <b>personal</b> use income must be listed.	<b>2. Gross Income (before taxes) and How Often it was Received</b>					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: (Children and Adults) _____	Last four digits of Social Security Number (SSN) of the adult signing this form:    XXX – XXX – _____					Check if no SSN <input type="checkbox"/>

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

*“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 State and Federal laws.”*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children’s Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:**    – and –    **Check one or more Racial Identities:**

Hispanic or Latino                       Asian                       Black or African American                       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino                       White                       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:	Weekly X 52;	Every 2 weeks X 26;	Twice a month X 24;	Monthly X 12
Total Household Size: _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income                      Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Income too high <input type="checkbox"/> Foster Child <input type="checkbox"/> Incomplete application <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: _____ per _____ <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official: _____	Date Confirmed: _____	Date Withdrawn From School: _____
Signature of Verifying Official: _____	Date Verified: _____	

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2023-24					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

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 are 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.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.