2023-2024 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Date Received by LEA (LEA use only)

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List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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INSTRUCTIONS Sources of Income

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 Security Disability Payments Survivor'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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI)	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits	
If you are in the U.S. Military:	Cash assistance from State or local government	 Regular income from trusts or estates Annuities 	
Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Alimony paymentsChild support paymentsVeteran's benefitsStrike benefits	Investment income Earned interest Rental income Regular cash payments from outside household	

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): U Hispanic or Latino U Not Hispanic or Latir	no			
Race (check one or more): \square American Indian or Alaskan Native \square	→ Asian	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	☐ White

Use of Information Statement __

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'.

Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

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:

* MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442: or

EMAIL: Program.Intake@usda.gov * Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.