2017-2018 Household Application for Free and Reduced Price School Meals

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

STEP 1

Definition of Household	Child's First Name				Child's Last Name										Grade	Yes	No	Foster Mig Child Rur	rant, naway
Member: "Anyone who is living with you and shares income and expenses, even if not related."																			
																	☐ Add		
Children in Foster care and children who meet the																	that a		
definition of Homeless, Migrant or Runaway are																	Check all that apply		
eligible for free meals. Read How to Apply for Free and																	Š		
Reduced Price School Meals for more information.																			
STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?																			
OTET 2 DO ally H	ousenoid Members (including you) curre	пиу р	articipa	ate in	one c	or illo	ie oi	the 10	llowii	iy ass	oistaiit	e pro	ogra	alls. SNAP, TANF, OF FDFIR?					
	If NO > Go to STEP 3. If YE	ES >	Write a	case	numb	er her	e ther	n go to	STEP	4 <u>(</u> Do	not co	mple	te ST	TEP 3) Case Number:					
			16												· ·	Write only	one case nu	nber in this s	pace.
STEP 3 Report Inc	come for ALL Household Members (Skip th	isstep	if you a	answe	red ''	res' to	oSTE	P2)											
	A. Child Income													Child income Weekly	How often? Bi-Weekly 2x Month	Monthly			
	Sometimes children in the household earn or r Household Members listed in STEP 1 here.	eceive	income.	. Pleas	e inclu	de the	: TOT	AL inco	me re	ceived	by all			\$ 0	0 0	0			
	B. All Adult Household Members (incl	uding	yours	elf)										, , , , , ,					
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only																		
Flip the page and review the charts titled "Sources	Name of Adult Hayashald Marshage (First and Loot)	Fa	rnings fron	n Work	Was		How of	ften? 2x Month	Monthly	7	Public A Child Su			How often? Y Weekly Bi-Weekly 2x Month Monthly	Pensions/Ret			w often?	Monthly
of Income" for more information.	Name of Adult Household Members (First and Last)	\$			Wee	;KIY DI-	Weekiy	ZX IVIOIIII	MOTITITY	9		ррогол	limiony	Weekly bi-weekly 2x Month Monthly	\$		Weekly Bi-We	2X IVIOTIUT T	Monthly
The "Sources of Income		'] '			<u> </u>	0 0 0 0	,				
for Children" chart will help you with the Child		\$		<u> </u>) (0	0	\$			<u>_</u>	0 0 0 0	\$		0 0		
Income section.		\$) (0_	0	0	\$				0 0 0 0	\$		0 0) ()	0
The "Sources of Income for Adults" chart will help you with the All Adult		\$) (0	0	0	\$				0 0 0 0	\$		0 0) ()	0
Household Members section.		\$) (0	0	0	\$				0 0 0 0	\$		0 0) ()	0
		Lact	Four Dig	rite of 9	Cooled 6	Socurit	v Nium	hor (SS	th) of										
	Total Household Members (Children and Adults)		ary Wag							ber	Х	X 2	K	XX	Check if no SSN	ı 🗌			
STEP 4 Contac	t information and adult signature. Mail	Com	leted I	Form	To: 4	2448	Valle	evViev	v Rd.	Polso	n MT	5986	60 o	or bring directly to Sandi					
															ack) the informati	ion Lama	ware that if Lp	urposoly givo	
	on on this application is true and that all income is report- lose meal benefits, and I may be prosecuted under applications.					auun 18	given	III CONNE	SCHOII W	nui uie i	eceipi Oi	i-euel	ai iuli	ius, and that school officials flidy Veffly (C	icon, the informati	ion. I aill a	iwaie iliai il I p	urposery give	
Street Address (if available) Apt # City				State Zip Daytime Phone ar								Daytime Phone and	Email (optional)						
Printed name of adult signing the form Signature of adult						Today's da							Today's date						

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)

Homeless,

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 househo	ld - 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					
OPTIONAL Children's Racial and Ethnic Identities						

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) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits					
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 					

OPTIONAL	Children's Racial and Ethnic Identities							
•	d to ask for information about your children's race and ethnicity. This inform	mation is important and helps to make sure we are fully serving our community. e or reduced price meals.						
Ethnicity (check one	Amaniaan Indian ay Alaakan Nativa 🔲 Asian 🔲 DI	Black or African American						
not have to give the meals. You must inc signs the application. behalf of a foster chi Assistance for Need	ssell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price lude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on ild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary y Families (TANF) Program or Food Distribution Program on Indian Reservations	Persons with disabilities who require alternative means of communication for program information (e.g. Brai large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where the applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USI through the Federal Relay Service at (800) 877-8339. Additionally, program information may be may available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint						
member signing the determine if your chi	er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to ild is eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and	orm, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA fice, or write a letter addressed to USDA and provide in the letter all of the information requested in the rm. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to SDA by:						
	b help them evaluate, fund, or determine benefits for their programs, auditors for all law enforcement officials to help them look into violations of program rules.	mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights						
	Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or	1400 Independence Avenue, SW Washington, D.C. 20250-9410						
administering USDA	programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	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 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 Eligibility: How often? **Total Income** Weekly Bi-Weekly 2x Month Monthly **Household Size** Free Reduced Denied **Categorical Eligibility** Confirming Official's Signature **Determining Official's Signature** Date Date Verifying Official's Signature Date