2015-2016 Application for Free and Reduced Price School Meals or Free Milk O New Applicant O Previous Applicant Complete one application per household. Please use a pen (not a pencil). STEP 1 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 If a student, Foster Migrant, Write in name of child's school, or "not in school" Child's Name Age write in the grade Child Runaway Definition of Household Member: "Anyone who is living with you and shares income and expenses, even Check all that apply 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. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No Case Number: If you answered NO > Complete STEPS 3 and 4. If you answered YES > Write your 9-digit SNAP or TANF, or the FDPIR case number here then go to STEP 4. If you get MedicAid, or WIC skip STEP 2 and complete STEPS 3 and 4. Write only one case number in this space Report Income for ALL Household Members STEP 3 (Skip this step if you answered 'Yes' to STEP 2) Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child

Income question. The Sources of Income for Adults section will help you with the All Adult **Household Members** section.

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A. Child Income			TAL			1 -1-1-1-1		Child	d income		Week	ly Bi-Wee	kly 2x Mo	nth Monthl	у	Child inco	me	Wee	dy Bi-Wee	kly 2x Mo	nth Mont	.hly	
Sometimes children in the household earn income. Please include the TOTAL income earned by all children listed in STEP 1 here. Report income in whole dollars.					\$				0	0	0	0	\$			С		0	С)			
B. All Adult Household Members (includin List all Household Members not listed in STEP 1 whole dollars only. If they do not receive inco	(including	g yours		,								,	,		,				each sour	ce in			
					How	often?		Р	ublic A	Assistance	, _		How o	ften?		Farr	ning/ Pensio	ns/		How o	ten?		
Name of Adult Household Members (First and Last)	Earı	nings fro	om Work	Weekly	Bi-Weekly	2x Mont	h Monthly			ipport/Al		Weekly	Bi-Weekly	2x Month	Monthly		rement/Oth		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$			0	0	0	0	\$				0	0	0	0	\$			0	0	0	0	0
	\$			0	0	0	0	\$				0	0	0	0	\$			0	0	0	0	0
	\$			0	0	0	0	\$				0	0	0	0	\$			0	0	0	0	0
	\$			0	0	0	0	\$				0	0	0	0	\$			0	0	0	0	0
Total Household Members (Children and Adults)			Digits of Soc age Earner	,					Х	ХХ	X	Х				Che	ck if no SS	N [

Contact information and adult signature. SIGNATURE IS REQUIRED STEP 4

"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."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)	
Printed name of adult completing the form		Signature of adult c	ompleting the form		Today's date	

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.

Ethnicity (check one):	Race (check one or more):
Hispanic or Latino Not Hispanic or Latino	American Indian or Alaskan Native Asian White
	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

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.

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an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

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Total income & how often:	SNAP / FDPIR/ TANF or other eligible program household categorically eligible free Yes No							
-/	Number of foster children eligible free:							
Household size:	Eligibility Classification: O Free Rate O Reduced Price Rate O Paid Rate							
Othernotes:	Date notification sent: Date withdrawn or trans	nsferred:						
	Signature of Determining Official	Date:						
	Signature of Confirmation Official	Date:						