2021-2022 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form



STEP 1 List ALL	Household Members who are infants, ch	ildren, and studen	ts up to and including	grade 12 (if more spaces	are required for additional na	mes, attach another	sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even 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.	Child's First Name	MI	Child's Last Name			Grade Yes Sturyes	Ident? No Chied Migrant Chied Runaw The property of the prope
	If NO > Go to STEP 3. If Y	ES > Write a case	number here then go to \$	lowing assistance progra	Coop Number	Write onl	y one case number in this spac
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certification.						
Flip the page and review the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month N	Public Assistance/ Child Support/Alimon	How often? / Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	Weekly Bi-Weekly 2x Month Month
The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.		\$		\$ \$ \$ \$ \$ \$ \$ 		\$	
CTED 4	Total Household Members (Children and Adults)	Primary Wage Earn	Social Security Number (SSI er or Other Adult Household	Member X X X	X X	Check if no SSN	
'l certify (promise) that all informa false information, my children ma	information and adult signature. Return tion on this application is true and that all income is repor y lose meal benefits, and I may be prosecuted under appl	rted. I understand that this licable State and Federal	s information is given in connec	ction with the receipt of Federal fur		·	aware that if I purposely give
Street Address (if available)	Apt #	City		State Zip	Daytime Phone and E	Email (optional)	

Today's date

Signature of adult

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 Public Assistance Pensions Retirement							
Earnings from Work	Alimony / Child Support	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 					

Free Reduced Denied

Verifying Official's Signature

Date

Total Income

Determining Official's Signature

OPTIONAL Children's Racial and Ethnic Identities	
We are required to ask for information about your children's race and ethnicity. This in Responding to this section is optional and does not affect your children's eligibility for Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian 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 neals. You must include the last four digits of the social security number of the adult household member who igns the application. The last four digits of the social security number is not required when you apply on ehalf 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 letermine if your child is eligible for free or reduced price meals, and for administration and enforcement of ne 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. Accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or diministering USDA programs are prohibited from discriminating based on race, color, national origin, sex, lisability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or unded by USDA.	
Do not fill out For School Use Only	
nnual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mo	onthly x 12

Categorical Eligibility

Date

Household Size

Confirming Official's Signature

Weekly Bi-Weekly 2x Month Monthly

Date