	ree and Reduced-Price So	THI □ Application is complete	THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY  ☐ Application is complete Determining Official's Signature: Date:			
	on per household. Please use a pen	` '		Determined Eligibility:	☐ FREE ☐ REDUCED ☐ PAID	☐ ERROR-PRONE?
SIEPT	Household Members who are infant				Confirming Official's Signature:	Date: Date:
(if more sp	paces are required for additional names, a	attach another sheet of par	per)	NOTES:		
	Child's First Name	МІ	Child's Last Name			Homeless, Foster Migrant,
Definition of <b>Household Member</b> : "Anyone who is						Child Runaway
living with you and shares income and expenses,					student IOOL	
even if not related."					a Signal	as, a
Children in <b>Foster care</b> and children who meet the					child is a	Runaway  Runaway
definition of Homeless,					NAME  NAME  I child is a si  NAME  I child is a si  NAME  I child is a li	o Ru
Migrant or Runaway are eligible for free meals. Read					Sk box if  Colorate  Name of the colorate of t	
How to Apply for Free and Reduced-Price School						
Meals for more information.					Check at [Check	ے 📗 د
STEP 2 Do any l	Household Members (including you	ı) currently participate	in one or more of the follow	wing assistance programs:	SNAP, TANF, or FDPIR?	
			☐ SNAP ☐ TANF	☐ FDPIR	Write only one case	e number in this space.
	If NO > Complete STEP 3.	> Check which program and		to STEP 4 (Do not complete STEP	3) Case Number:	
		1 3	, 3	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
STEP 3 Report	Income for ALL Household Memb	ers (Skip this step if you	answered 'Yes' to STEP 2)			
	A. Child Income				How often?	
Please read <b>How</b>	Sometimes children in the household earn in	come. Please include the TO	TAL income earned by all Househole	d Members Child income	Weekly Bi-Weekly 2x Month Monthly	
to Apply for Free	listed in STEP 1 here.			\$		
and Reduced-	B. All Adult Household Members (in	ncluding yourself)				
Price School Meals for more	List all Household Members not listed in STE whole dollars only. If they do not receive income					r each source in
information.	whole dollars only. If they do not receive ince	ome nom any source, write o.	How often?	lic Assistance/	Pensions/Retirement/	How often?
The Sources of	Name of Adult Household Members (First and Last)	Earnings from Work Weel		d Support/Alimony Weekly Bi-Weekly 2x Mon		Bi-Weekly 2x Month Monthly
Income for Children section		\$	) () () \$		\$	$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$
will help						
you with the <b>Child Income</b> question.		\$	<u> </u>		\$	000
The <b>Sources of</b>		\$			<b>\$</b>   <b>\$</b>	$\bigcirc$ $\bigcirc$ $\bigcirc$
Income for Adults						
section will help you with		\$	) () () () \$			000
the All Adult		<b>s</b>				$\bigcirc$ $\bigcirc$ $\bigcirc$
Household		_				
Members section.	C. Total Household Members (Children and Adults)		al Security Number (SSN) of r Other Adult Household Member	x   x   x     x   x	Check if no SSN	
	(Cilidren and Addits)	Trimary wage Lamer or	Other Addit Household Member			
STEP 4 Contact	t Information and Adult Signatu	re				
	ion on this application is true and that all income is rep		nation is given in connection with the roce	int of Federal funds, and that school official	als may verify (check) the information. Lam award t	that if Lournosely give
	lose meal benefits, and I may be prosecuted under app		ELECTION SUVERI III CONTIECTION WITH THE TECE	ipi oi i euerai iurius, ariu tiiat scriool officia	is may verify (check) the illiothation. I am aware t	nat ii i puiposeiy give
						-
Street Address (if available)  Apt #  City		City	State	Zip Daytime P	Phone and Email (optional)	
		Oity	Siait		none and Email (optional)	
rinted name of adult completing the form Signature of		Signature of adult compl	eting the form		ate	

## **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.

Ethnicity (check one):	Race (check one or more):						
☐ Hispanic or Latino	☐ American Indian or Alaskan Native						
☐ Not Hispanic or Latino	☐ Asian						
•	☐ Black or African American						
	☐ Native Hawaiian or Other Pacific Islander						
	☐ White						
SHARING INFORMATION WITH OTHER PROGRAMS							
Dear Parent/Guardian:							
School Meals may be shared with othe	ation you gave on your Application for Free and Reduced-Price r programs for which your children may qualify. For the following ssion to share your information. Sending in this form will not ee or reduced-price meals.						
☐ NO! I <b>DO NOT</b> want information from with any of these programs.	n my Application for Free and Reduced-Price School Meals shared						
	are information from my Application for Free and Reduced-Price AM SPECIFIC TO YOUR SCHOOL/DISTRICT].						
	are information from my Application for Free and Reduced-Price AM SPECIFIC TO YOUR SCHOOL/DISTRICT].						
	are information from my Application for Free and Reduced-Price AM SPECIFIC TO YOUR SCHOOL/DISTRICT].						
If you checked yes to any or all of th will be shared only with the program	e boxes above, fill-in the information below. Your information is you checked.						
Child's Name:	School:						
Child's Name:	School:						
Child's Name:	School:						
Signature of Parent/Guardian:	Date: Address:						
Printed Name:	Address:						
For more information, you may call [NA	ME] at [PHONE] or e-mail at [E-MAIL ADDRESS].						

Return this form to: [ADDRESS] by [DATE].

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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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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