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

| STEP 1 List ALL H | ousehold Members who are infants, children, a | nd students up to and including grade 12 (if more spaces are | required for additional names, attach another sheet | of paper) | | | | |
|--|--|--|---|--|--|--|--|--|
| | Child's First Name | MI Child's Last Name | Name of School | Grade Student? Foster Homeless, Yes No Child Migrant, | | | | |
| 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 defini- tion of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for | | | | Check all that a popular character and the character and the character and character a | | | | |
| Free and Reduced Price | | | | | | | | |
| STEP 2 Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)? | | | | | | | | |
| If NO> Go to STEP 3. If YES > | Write a case number or identifier here, then go | to STEP 4. (Do not complete STEP 3) Write on | ly one case number or identifier. Case Number or Ide | entifier: | | | | |
| | | | | | | | | |
| STEP 3 Report I | A. Child Income | this step if you answered 'Yes' to STEP 2) ve income. Please include the TOTAL income received by all ncluding yourself) | Child income | How often? Bi-Weekly 2x Month Monthly | | | | |
| Are you unsure what income to include here? 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 income, report total gross income (before taxes) 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 certifying (promising) that there is no income to report. | | | | | | | | |
| Flip the page and review the charts titled "Sources | | | | | | | | |
| the charts titled "Sources | Name of Adult Household Members (First and Last) | How often? Earnings from Work Weekly Bi-Weekly 2x Month Monthly | Public Assistance / How often? Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly | Pensions/Retirement/ How often? All Other Income Weekly Bi-Weekly 2x Month Monthly | | | | |
| | Name of Adult Household Members (First and Last) | Earnings from Work Weekly Bi-Weekly 2x Month Monthly | | | | | | |
| the charts titled "Sources of Income" for more | Name of Adult Household Members (First and Last) | Earnings from Work Weekly Bi-Weekly 2x Month Monthly | Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly | | | | | |
| the charts titled "Sources of Income" for more information. The "Sources of Income | Name of Adult Household Members (First and Last) | \$ Earnings from Work Weekly Bi-Weekly 2x Month Monthly | \$ Weekly Bi-Weekly 2x Month Monthly | All Other Income Weekly Bi-Weekly 2x Month Monthly \$ | | | | |
| the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income | Name of Adult Household Members (First and Last) | \$ Earnings from Work Weekly Bi-Weekly 2x Month Monthly | \$ Weekly Bi-Weekly 2x Month Monthly \$ | \$ | | | | |
| the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. | Name of Adult Household Members (First and Last) | \$ Earnings from Work Weekly Bi-Weekly 2x Month Monthly | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ | | | | |
| the charts titled "Sources of Income" for more information. 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 | Total Household Members | \$ | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ | | | | |
| the charts titled "Sources of Income" for more information. 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 | | \$ | Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ | | | | |
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| INSTRUCTIONS Sources | of Income | | | | | | |
|--|---|---|--|---|---|--|--|
| Sources of Income for Children | | | Source of Income for Adults | | | | |
| Source of Child Income | Example (s) | | Earnings from Work | Public Assistance/Alimony/ Child Support | Pensions/Retirement/ All Other Income | | |
| Earnings from work | A child has a regular full or part-time job wh salary or wages. | , , , | •Salary, wages, cash bonuses •Net income from self- | Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits | Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income | | |
| Social Security Disability Payments Survivor's Benefits | A child is blind or disabled and receives social A parent is disabled, retied, or deceased, an Security benefits. | d their child receives Social | employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do not include combat pay, FSSA or | | | | |
| Income from person outside the household | A friend or extended family member regular money. | ly give a child spending | privatized housing allowances) •Allowances for off-base housing, | | | | |
| Income from any other source | A child receives regular income form a priva or trust. | te pension fund, annuity, | food and clothing | | Regular cash payments formoutside household | | |
| OPTIONAL Children's Racial and Ethnic Identities | | | | | | | |
| section is optional and does Ethnicity (check one): Race (check one or more): The Richard B. Russell National Schinformation, but if you do not submit You must include the last four digits member who signs the application. Tyou list a Supplemental Nutrition Assyou indicate that the adult household your information to determine if your of the lunch and breakfast programs programs to help them evaluate, fun enforcement officials to help them look Nondiscrimination Statement: This eln accordance with Federal civil right the USDA, its Agencies, offices, a prohibited from discriminating based rights activity in any program or activity. | not affect your children's eligibility for Hispanic or Latino Not Hispan Mathematical Indian or Alaskan Nat Mathematical Indian Mathematical | rfree or reduced price meals in a cortain or latino ive Asian Blace pplication. You do not have to give a child for free or reduced price meals e earner or other adult household you apply on behalf of a foster child SNAP identifier for your child or what a social security number. We will us and for administration and enforcer education, health, and nutrition tors for program reviews, and law treated unfairly. DA) civil rights regulations and polic or administering USDA programs | ck or African American the Persons with disabilities who print, audiotape, American Seneth S | Native Hawaiian or Other or require alternative means of coming Language, etc.), should contail deaf, hard of hearing or have speadings. Additionally, program inform of discrimination, complete the US usda.gov/oascr/how-to-file-a-program of USDA and provide in the letter all | Pacific Islander White Munication for program information (e.g. Braille, large of the Agency (State or local) where they applied for sech disabilities may contact USDA through the Federal ation may be made available in languages other than DA Program Discrimination Complaint Form, (AD-302 ram-discrimination-complaint, and at any USDA office, I of the information requested in the form. To request a completed form or letter to USDA by: fax: (202) 690-7442; email: program.intake@usda.gov. This institution is an equal opportunity provider. | | |
| School use only | , oscorny | | , | Annual Income Conversion: | show calculations | | |
| Total Income: | | | W | eeklyX 52= _ | | | |
| Per: O Week O Eve | ry 2 Weeks O Twice a Month | O Month O Yea | ar 2> | /monthX 24= | | | |
| Household Size: | SNAP:Categorically Eligible: | Date Withdrawn: | E | very 2 wksX 26= _ | | | |
| | Reduced O Denied | | | onthlyX 12= _ | | | |
| Reason for denial : | | | _ Aı | nnualX 1= | | | |
| Determining Official's Signatu | Determining Official's Signature: | | | | | | |