Application #: 2022-2023 Application for Free and Reduced Price School Meals Complete one application per household. Please type or use a pen (not a pencil).

Available online at:

hold	Child's First Name	Ν	иі с	hild's Last	Name	[press sp	aceba	r to advar	nce]	School Nam	e (Abbr.)	Grade		it attends nool distric No		oster Ho	grant V meles inaway
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o any	Household Members (including you) currently par	rticipa	te in one	or more	of the foll	lowing	g assistai	nce pro	grams: SN/	AP, TAN	F, or FD	PIR?	YES		NO	
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	If you answered NO > Complete STEP 3.	if you answe	erea 1	s > write a	case num	ber nere ther	i go to a	STEP 4 (DO	not com	plete STEP 3)			Write only	one case	number ir	this spa	ce
Report	Income for ALL Household Mem	bers (Skipth	nis ste	ep if you a	answer	ed 'Yes' t	o STE	EP 2)									
	A. Child Income									F	Но	ow often?					
	Sometimes children in the household earn or	receive income. Pl	lease ir	clude the TC	TAL incon	ne received by	y all		Child	income	Weekly Bi-We	ekly 2x Month	Monthly				
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	Household Members listed in STEP 1 here.								\$		0 0	$) \circ$	0				
	B. All Adult Household Members (inc	•••	'						•		0 0		0	·			
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Printed name of adult signing the form

Signature of adult

Today's date

Sources of Ind	come for Children	Sources of Income for Adults				
Sources 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 where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad		
 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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	- Strike benefits	Earned interest Rental income Regular cash payments from outside household		

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

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 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 program sto 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.

In 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 administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

 mail civil rights complaints only to:
 U.S. Department of Agriculture

 Office of the Assistant Secretary for Civil Rights

 1400 Independence Avenue, SW

 Washington, D.C. 20250-9410

 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, E			s x 26	, Twice	a Month x 24, Month	ly x 12	Eligibility:	
Total Income		-	often?						
	Weekly	Bi-Weekly	2x Month	Monthly	"Annual "	Household Size		Free Reduced Denied	
	0	\bigcirc	0	0			Categorical Eligibility	\circ \circ \circ	
Determining Official's Signature		Date			Confirm	ing Official's Signature	Date Veri	fying Official's Signatu	e Date