

2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
Pasco School District

0040376145

Apply online: <https://www.myschoolapps.com>

Check here if NEW to school district.

Homeless Migrant

1. List ALL students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student ID Number	First Name	Middle Initial	Last Name	Foster	Student's Date of Birth	Grade	School	STUDENT INCOME						
				<input type="checkbox"/>	/ /			List student income amount and how often.						
				<input type="checkbox"/>	/ /			\$			Weekly	Bi-Weekly	2 X Monthly	Monthly
				<input type="checkbox"/>	/ /			\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	/ /			\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	/ /			\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	/ /			\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	/ /			\$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Member (including yourself) currently participate in one or more of the following programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDPIR) Case Number

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include names of students listed above)		Gross Income - Enter the income amount and place an "X" in the box for the corresponding frequency.															
First Name	Last Name	Earnings from Work (before any deductions)				Public Assistance / Child Support / Alimony / Unemployment				Pension, Retirement, Social Security (SSI) and Any Other Income							
		\$				Weekly	Bi-Weekly	2 X Monthly	Monthly	\$				Weekly	Bi-Weekly	2 X Monthly	Monthly
1)		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (including all people living in your house household): Last 4 Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member I do not have a Social Security Number

5. Contact Information and Signature - Complete, sign, and return to: 3407 N. Stearman Avenue, Pasco, WA 99301

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.

Adult Household Member Signature Date Signed MM/DD/YYYY

Printed First Name of Adult Household Member Last Name

Street Address _____
 City, State, Zip Code _____
 Email Address _____
 () - _____ Daytime Phone Number
 _____ Signature

6. Children's Racial and Ethnic Identities (Optional) We are required to ask for information about your child(ren)'s race and ethnicity. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced price meals.

Mark one or more racial identities:

- American Indian or Alaska Native Asian Black, or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White Other

Mark one ethnic identity:

- Hispanic or Latino Not Hispanic or Latino

2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

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 (Basic Food), 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.

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 the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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: 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.

Pasco School District's Non-Discrimination Statement

Pasco School District does not discriminate in any programs or activities on the basis of sex, race, creed, age, religion, color, national origin, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of trained guide dog or service animal. Pasco School District provides equal access to the Boy Scouts, Girl Scouts, and other designated youth groups. Questions and complaints of alleged discrimination should be addressed to the following designated employees: Title IX and Civil Rights Compliance Officer-Sarah Thornton; 1215 W. Lewis St., Pasco, WA 99301, 509-543-6700, sthornton@psd1.org; and Sec. 504 Coordinator-Kristi Docken, 1215 W. Lewis St., Pasco, WA 99301, 509-543-6700, kdocken@psd1.org.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

<p>LEA APPROVAL: <input type="checkbox"/> Basic Food/TANF/FDPIR/Foster <input type="checkbox"/> Income Household</p>	<p>Total Household Size _____ Total Household Income \$ _____</p>	<p>Weekly</p>	<p>Bi-Weekly</p>	<p>2x per Month</p>	<p>Monthly</p>	<p>Annual</p>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>APPLICATION APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals</p>	<p>APPLICATION DENIED BECAUSE: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Other: _____ <input type="checkbox"/> Incomplete/Missing Information</p>
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Date Notice Sent

Signature of Approving Official

Date