

2020-2021 Household Application for Free and Reduced-Price School Meals

Apply online:

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, 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 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. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
_____	_____	_____	☐ ☐	_____	_____	☐	☐
_____	_____	_____	☐ ☐	_____	_____	☐	☐
_____	_____	_____	☐ ☐	_____	_____	☐	☐
_____	_____	_____	☐ ☐	_____	_____	☐	☐
_____	_____	_____	☐ ☐	_____	_____	☐	☐

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR

NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: _____ (Write only one case number in this space)

STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)

Insure what income to include here? Flip the page and review 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 Section.

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.

Child Income	How Often? Please put an X
	Weekly Bi-Weekly 2x Monthly Monthly Annually
\$ _____	☐ ☐ ☐ ☐ ☐

B. All Adult Household Members (including yourself)

List all Adult 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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/ Alimony/Child Support		How Often?		Pensions/Retirement/ All Other Income		How Often?	Monthly	Annually
			Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly			
_____	\$ _____	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
_____	\$ _____	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
_____	\$ _____	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
_____	\$ _____	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
_____	\$ _____	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	\$ _____	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Check if no SSN ☐									

STEP 4: Contact information and adult signature Mail Completed Form to: Food Service Dept: 1402 W. Hamlin Rd. Rochester Hills, MI 48309

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.

Street Address (if available)	Apt#	City	State	Zip	Daytime Phone and Email (Optional)
_____	_____	_____	_____	_____	_____
Printed Name of Adult Signing Form	Today's Date				
_____	_____				

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's 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

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / 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 clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -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 child(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 Alaskan 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 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 investigate 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.htm, 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
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, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ \$ _____ \$ _____ 2x Month Monthly Monthly Annually
Weekly Bi-Weekly

Categorical Eligibility: _____ **Eligibility:** _____ Free _____ Reduced _____ Denied _____

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Consent to Share Information with Other Programs 2020-2021

Dear Parent/Guardian:

You child may qualify for other programs, based on the information you gave on your Free and Reduced Price School Meals Family Application. For the following programs, **we must have your permission to share your information**. Sending in this form will not change whether your children get free or reduced meal prices.

INTERNAL – School Related Fees

☐ Yes, **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application for the following fees: Athletics, Club/Co-Curricular, AP and ACT Testing, College Applications, Before and After School Child Care, Rochester Area Youth Assistance (RAYA) and Others: Examples include Senior Breakfast tickets, Senior All Night Party tickets, field trips etc.

☐ No, **I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs or agencies.

EXTERNAL – Community Based Outreach

☐ Yes, **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with the Executive Director/Administrator of the following organizations and/or programs: Neighborhood House, Community House, Other Social Assistance/Non-Profit Agencies, Rochester Community Schools Foundation, Blessings in a Backpack, Operation School Bell. (Note: your information will NOT be shared with volunteers.)

☐ No, **I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs or agencies.

*If you check **Yes** to one or both of the boxes above, fill out the form below. Your information will be shared with all categories under each box that you check.*

If you checked **No**, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information you may call **Chartwells Dining Services at 248-726-4602.**

Return this form with your application to: Food service @1402 W. Hamlin, Rochester Hills, Mi 48309

USDA Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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 responsible State or local Agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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.