

**2020-21 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

Lake Washington School District

**Complete, sign, and return this application to:** Your child’s school or LWSD Business Services, 16250 NE 74<sup>th</sup> St., Redmond, WA 98052. You may also print the application, sign, scan into PDF format, and email to: [F-RMealApp@lwsd.org](mailto:F-RMealApp@lwsd.org)

**Check here if you received meal benefits last year:**

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’s Last Name	Student’s First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	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 Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

Basic Food  TANF  Food Distribution Program on Indian Reservations (FDIPR) 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 students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	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"/>	<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"/>
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	<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"/>	<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"/>

**4. Total Household Members (include all people living in your household):**  **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member**  Check if no SSN:

**5. Contact Information & Signature – Complete, sign, and return this application to:**

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.

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

**6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. 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  
 White

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

**7. Consent to share child nutrition program eligibility information for additional benefits only (Optional):**

If you qualify for free or reduced-price meals, you may be eligible for free or reduced fees to participate in other school programs. Completing this section is optional and not completing this section will not affect your child’s eligibility for free or reduced-price meals. Only the student’s name and eligibility status will be shared and individuals or programs receiving the eligibility status information will not share this information with any other entity or program. Please indicate the program(s) you authorize eligibility status to be shared by completing the section below. This will authorize the release of name and eligibility status only, additional information or demographics will not be allowed to be shared.

Check to Participate	Title of School Program:	How the shared information will be used:
<input type="checkbox"/>	Extracurricular Activities including ASB fees and Sports Participation Fees.	Eligibility for free or reduced fees

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Daytime Phone**

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, 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: <https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Lake Washington School District’s Non-Discrimination Statement**

The Lake Washington School District shall provide equal educational opportunity and treatment for all students in all aspects of the District’s academic, activities, or employment programs without discrimination. Annual and continuous notices of non-discrimination shall be published in compliance with law. This institution is an equal opportunity provider

**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).

**LEA APPROVAL:**  Basic Food/TANF/FDPIR/Foster      Total Household Size \_\_\_\_\_ Weekly    Bi-Weekly    2x per Month    Monthly    Annual  
 Income Household      Total Household Income \$\_\_\_\_\_                

**APPLICATION APPROVED FOR:**  Free Meals      **APPLICATION DENIED BECAUSE:**  Income Over Allowed Amount     Other: \_\_\_\_\_  
 Reduced-Price Meals       Incomplete/Missing Information

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date