Application for Free and Reduced Price School Meals-Paradise Valley Unified School District 2022-23 Complete one application per household. Please use a pen (not a pencil). ⬅	APPLY ONLINE AT: WWW.EZMEALAPP.COM	App #

STEP 1 — List ALL infants, children, and students up to and including grade 12 in your household (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 the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Student ID#	Foster Child	Homeless, Migrant, Runaway
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.   **If you answered 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)

Are you unsure what income to include here?

Flip to the back of this application 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 Adult Household Members Income Section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income $ [____]

How often? ○ Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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.

Name of Adult Household Members (First and Last)	GROSS Earning from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

C. Total Household Members [____]
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member [X] [X] [X] [X] [X] [ ] [ ] [ ] [ ]   **Check if no SSN** ☐

STEP 4 — Contact information and adult signature   Mail Completed Form to: 20621 N. 32nd Street, Phoenix, AZ 85050

"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."

Signature of adult completing the form _____   Today's date _____

Printed name of adult completing the form _____   Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # ___ City ___ State ___ Zip ___

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor 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.
Income from persons _outside_ the household	A friend or extended family member _regularly_ gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
- 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	- 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	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - 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 Alaskan Native ☐   Asian ☐   Black or African American ☐   Native Hawaiian or Other Pacific Islander ☐   White ☐