

APPLICATION INSTRUCTIONS

To apply for free or reduced-price meals, complete the application using the instructions below.
Sign the application and return it to your child's school. Call **Elizabeth Price at (229) 903-2127** if you have questions.

If you are applying for a FOSTER CHILD follow these instructions

- **Part 2:** List the child's name. Write "yes" in the Column 3 and list his or her personal use monthly income (if any) in Column 5. If no income, put "0".
- **Part 3:** Sign the form. A Social Security Number is not necessary.
- **Part 4:** Answer this question if you choose.

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) or TANF follow these instructions:

- **Part 1.** Circle "YES" if you or anyone in your household receives SNAP or TANF and enter case number. If you participate in one of these programs and do not know your case number contact Elizabeth Price at (229) 903-2127.
- **Part 2:** List each child's name.
- **Part 3:** Sign the form. A Social Security number is not necessary.
- **Part 4:** Answer this question if you choose.

If no one in your household gets SNAP or TANF benefits and if any child in your household is HOMELESS, MIGRANT, OR RUNAWAY, follow the instructions below:

- **Part 1:** Write "yes" in the box and contact: **Lisa Bailey, Homeless Liaison at (229) 903-2100 or e-mail: Baileyli@lee.k12.ga.us. Or Brooke Stenbridge, Federal Programs Director, at (229) 903-2100 or email: stembridgebr@lee.k12.ga.us.**
- **Part 2:** List all household members in column 1 and complete Columns 2-8,
- **Part 3:** Sign the form. A Social Security number is not necessary.
- **Part 4:** Answer this question if you choose.

ALL OTHER HOUSEHOLDS, Including WIC households, follow these instructions:

- **Part 2: Columns 1-4:** List each person in the household's name and answer all questions, listing children first.
- **Column 5 list the GROSS income** each employed person in your household received last month and how often he or she was paid, in Column 6, (weekly, bi-weekly, 2 X month, monthly, yearly). **GROSS INCOME** is the amount earned **BEFORE TAXES AND DEDUCTION, not the take-home pay.** You should be able to find it on your pay stub or your boss can tell you. Write a "0" in any field where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- **Column 7-8:** List the monthly amount each person received last month from welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VS benefits), disability benefits and regular contributions from people who do not live in your household. For ONLY the self-employed, under Earnings, report income after expenses. This is for your business, farm, or rental property. In column 6 check how often the person is paid, (weekly, bi-weekly, 2 X monthly, monthly).
- **Part 3:** An adult household member **MUST SIGN** the form and **list the last 4 numbers of their Social Security Number**, or mark the box if he or she doesn't have a Social Security Number.
- **Part 4:** Optional. Answer this question if you choose.

Sources of Income for Adults Part 2		
Earnings from Work Column 5	Public Assistance/Alimony/ Child Support Column 7	Pensions/Retirement/All Other Income Column 8
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • <i>Regular</i> cash payments from outside household

Sources of Income for Children Part 2	
Earnings from Work Column 5	Examples
<ul style="list-style-type: none"> • Earnings from work • Social Security -Disability Payments -Survivor Benefits • Income from person outside the household • Income from any other source 	<ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages • 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 • A Child receives regular income from a private pension fund, annuity, or trust

2023-2024 FAMILY APPLICATION FOR FREE/REDUCED PRICE MEALS

Lee County School Nutrition Program

In order to be eligible for benefits, a new application must be filed each school year. **FILL OUT ONLY ONE APPLICATION PER FAMILY.** Please list all students in your household first, indicating legal name. If your child or children receives SNAP or TANF, place case number in Part 1. **NO EBT NUMBERS.** Sign the application and return it to your child's school. If the student is a foster child, answer "yes" in the column provided and indicate the child's personal use income. Sign the application and return it to your child's school. In all other instances, **LIST ALL MEMBERS OF YOUR HOUSEHOLD AND THEIR GROSS INCOME (before any deductions are taken out).** This includes salaries and wages, child support and alimony, all pensions, including social security, and any other income such as unemployment compensation, income from rental property, etc.

You must list all income from everyone who is in your household. If you enter "0" or leave any field's blank, you are certifying (promising) that there is no income to report. Sign the application; fill in all the rest of the information in Part 3, including the last 4 digits of your social security number and your current mailing address. Complete Part 4 if you choose.

Part 1. Do any Household members (including you) currently participate in SNAP or TANF? Circle one: Yes / No

If you answered "NO" then Complete Part 2. If you answered "YES" then enter a case number here. _____ and complete Part 2, Columns 1 & 2 and sign Part 3.

Column 1	Column 2	Col. 3	Column 4	Column 5	Column 6					Column 7	Column 8
PART 2. NAMES List all children first, then all adults List all Household Members including yourself, even if they do not receive income.	Name of Child's School	Is this a Foster Child?	Homeless, Migrant, Runaway? Yes or no.	Earnings from Work List income in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any field blank you are certifying (promise) that there is no income to report.	How often is this income received? Check the box					Alimony, Child Support, Public Assistance (per month)	Social Security, Pensions, All Other Income (per month)
					Weekly	Bi-weekly	2X Month	Monthly	Annually		
1					<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"/>		
3					<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"/>		
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PART 3. SIGNATURE AND SOCIAL SECURITY NUMBER: (ADULT MUST SIGN) (See Privacy Act Statement on Instructions Sheet on the back of this application..)

An adult household member must sign the application and list the last four digits of Social Security Number or mark the "I do not have a Social Security Number" box. **"I certify (promise) that all information on this application is true and correct 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."

Sign here: _____ Print Name Here: _____ Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Home Mailing Address _____

City/State/ZIP _____

Home Phone Number _____

Date _____

Total Household Members _____

DO NOT FILL OUT THIS PART

THIS IS FOR SCHOOL USE ONLY

Total Income: \$ _____ Per: Week, Every 2 Weeks, Twice a Month, Month Year Household Size _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Withdrawn _____

Reason for Denial: _____

Determining Official Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Part 4:

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 Alaska 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 children for free or reduced-price meals. You must list 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 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D. C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

