

2023/2024 SY HUSD Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a Black or Blue 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 the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	HUSD School the child attends or N/A if not a HUSD Student	Foster Child	Homeless, Migrant, Runaway
				<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"/>

Check box if child is a Foster Child and Skip to STEP 4

If Child is Homeless, Migrant or Runaway. Please call HUSD Family Resource 928-759-5104

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

If **YES** > Check which program and write a case number in box provided, then go to **STEP 4**
If **NO** > Complete **STEP 3** and **STEP 4**

SNAP TANF FDPIR **** EBT Numbers Do NOT Qualify****

Case Number:

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 listed in STEP 1 here → \$

How often? Weekly Bi-Weekly 2x Month Monthly

B. All ADULT Household Members (including yourself)
List all 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 income 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 Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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C. Total Household Members (All Children and Adults Listed)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check box if no SSN

STEP 4 Contact Information and Adult Signature

"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

Printed name of adult completing the form

Street Address (if available)

Today's date

Daytime Phone (optional)

City State Zip

OFFICE USE ONLY Error-Prone

Eligibility: Free _____ Reduced _____ Denied _____

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Type of Income	Examples	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a job where they earn a salary or wage	- 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 (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) - Allowances for off-base housing, food and clothing	-Unemployment benefits - Workers Comp - Supplemental Security Income (SSI) - Cash Assistance from State or local gov't - Alimony payments - Child support payments - Veteran's benefits - Strike benefits -Adoption Subsidies/ Assistance Payments	- 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
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.			
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.			
Income from any other source	A child receives income from a private pension fund, annuity or trust.			

Consent for Sharing Info with HUSD Programs

Qualifying for Free or Reduced-price meals may provide you with some reduced school fees. We must have your permission to share eligibility information with HUSD fee based programs/sports/High School level tests. Your decision will not affect your children's eligibility for free or reduced-price meals.

YES! I DO want my eligibility information shared with HUSD fee based programs/sports/High school level tests.

NO! I DO NOT want my eligibility information shared with HUSD fee based programs/sports/High school level tests.

If you checked yes above, please fill in information below.

Child Name _____ School _____

Child Name _____ School _____

Child Name _____ School _____

Child Name _____ School _____

Signature of Parent/Guardian _____

Printed Name _____ Date _____

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

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 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;(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For more information, you may call Denise Vaughn at (928) 759-5013

Return this form to: Your child's school OR the HUSD Child Nutrition District Office located at 6411 N. Robert Rd., Bldg. 200 Prescott Valley, AZ 86314