

1126 Airport Rd. Bldg. B-1  
Minden, Nevada 89423  
Office: 775-782-7613  
Fax: 775-782-7633



[dcsd.net/nutrition](https://dcsd.net/nutrition)

---

Dear Parent/Guardian:

Children need healthy meals to learn. Douglas County School District offers healthy meals every school day. Breakfast costs \$2.25; lunch costs \$3.25 at the elementary schools, \$3.75 at the middle schools, and \$4.00 at the high schools.

Meals are no longer free to all students. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. We encourage you to fill out the Free or Reduced Priced Meal Application every year. Snack and/or a la carte items may be available for purchase at schools. Times of availability and prices vary.

It is the policy of Douglas County School District that charging (meals and snacks) is not allowed. We will not, however, let any child go hungry. If a student comes to school without a lunch from home, has no money to purchase a meal and is unable to contact a parent, a complimentary meal consisting of the fruits and vegetables of the day will be offered at no charge.

For your convenience, you may pay online for meals and/or snacks at any time and for any amount you choose. You may elect to have a note added to your students' account(s) indicating 'No Snacks'. If you would like to prepay for your child's second meals or snacks, we have several different ways available. Although your child can pay the cashier directly, we prefer that funds are applied in advance. This way, your child is not responsible for handling money on a daily basis. Also, we are able to serve the children faster when we do not have to collect money during the meal period. One option available for making payments is paying online through the parent portal in Infinite Campus, go to: <https://douglasnv.infinitecampus.org/campus/portal/douglas.jsp> Although this service charges a small fee per transaction, you will enjoy the ease and convenience of viewing your students account balance and purchasing history online at any time. The transfer of funds between siblings is available upon request. Low balance and negative balance notifications will be sent out weekly through email, at times, printed notifications will be sent as well. It's important your contact information is current in Infinite Campus in order to receive these notifications.

We encourage you to go check it out!

The meal application process may take up to 10 days after your application has been submitted and a letter will be mailed indicating approval or denial. The following packet will provide some common questions and answers to aid in the application process.

Feel free to give our office a call at 775-782-7613 if you have any additional questions or concerns

Sincerely,

*Jordy Foster*  
Director, School Nutrition Programs  
Douglas County School District



# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Douglas County School District** offers healthy meals every school day. Breakfast costs \$2.25; lunch costs \$3.25 (Elementary) \$3.75 (Middle School) \$4.00 (High School). **Your children may qualify for free meals or for reduced price meals.**

Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **[Nevada SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year |              | 2024-2025   |             |
|--|--------------|-------------|-------------|
| Household size                                   | Yearly       | Monthly     | Weekly      |
| 1  | \$ 27,861.00 | \$ 2,322.00 | \$ 536.00   |
| 2  | \$ 37,814.00 | \$ 3,152.00 | \$ 728.00   |
| 3  | \$ 47,767.00 | \$ 3,981.00 | \$ 919.00   |
| 4  | \$ 57,720.00 | \$ 4,810.00 | \$ 1,110.00 |
| 5  | \$ 67,673.00 | \$ 5,640.00 | \$ 1,302.00 |
| 6  | \$ 77,626.00 | \$ 6,469.00 | \$ 1,493.00 |
| 7  | \$ 87,579.00 | \$ 7,299.00 | \$ 1,685.00 |
| 8  | \$ 97,532.00 | \$ 8,128.00 | \$ 1,876.00 |
| Each additional person:                          | \$ 9,953.00  | \$ 830.00   | \$ 192.00   |

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **DCSD Homeless Liaison Coordinator at 775-782-5160**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? *No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your school office or kitchen.*
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? *No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **School Nutrition Program at 775-782-7613** immediately.*
5. CAN I APPLY ONLINE? *Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application.*

6. Visit <https://douglasnv.infinitecampus.org/campus/portal/douglas.jsp> to begin or to learn more about the online application process. Contact **School Nutrition Program office at 775-782-7613** if you have any questions about the online application.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **09/30/2024**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Jeannie Dwyer, Douglas County School District, 1638 Mono Ave., Minden, NV 89423, 775-782-7177, jdwyer@dcsd.k12.nv.us**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **School Nutrition Program office at 775-782-7613** to receive a second application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Nevada SNAP** or other assistance benefits, contact your local assistance office or call **775-423-3161**

If you have other questions or need help, call **775-782-7613**

Sincerely,

**School Nutrition Program of Douglas County School District**

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Douglas County School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Douglas County Nutrition Program 775-782-7613**

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Douglas County School District regardless of age.

|  |  |  |   |
|--|--|--|---|
| <p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p> | <p><b>B) Is the child a student at Douglas County School District?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Douglas County School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p> | <p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p> | <p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p> |
|--|--|--|---|

## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:** The Supplemental Nutrition Assistance Program (SNAP) or Nevada SNAP

- Temporary Assistance for Needy Families (TANF) or Nevada TANF
- The Food Distribution Program on Indian Reservations (FDPIR).

|   |  |
|---|--|
| <p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul> | <p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact <b>Welfare and Supportive Services at 775-684-0500</b>.</li> <li>• Go to <b>STEP 4</b>.</li> </ul> |
|---|--|

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields 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.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.  
**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B REPORT INCOME EARNED BY ADULTS

##### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**B) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**C) Report earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.  
**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

**F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

*All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.*

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Mail Completed Form to: Douglas County School District  
School Nutrition Program  
1126 Airport Rd. Bldg. B-1  
Minden, NV 89423**

**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.





# 2024-2025 Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE: <https://douglasnv.infinitecampus.org/campus/portal/douglas.isp>

RETURN TO: DCSD School Nutrition Program

ADDRESS: 1126 Airport Rd. Building B-1 Minden, NV 89423

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

| Child's First Name | MI | Child's Last Name | Grade | Foster Child             | Migrant                  | Runaway                  | Homeless                 |
|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |    |                   |       | <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"/> |

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2** Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.    
  YES → Write case number here and proceed to STEP 4.    
 CASE NUMBER (NOT EBT NUMBER):     
 Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)  
 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 receive income, report total gross income (before taxes and deductions) 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.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often received?   |                       |                       |                       |                       | Public Assistance, Child Support, Alimony | How often received?   |                       |                       |                       | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received?   |                       |                       |                       |
|--|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                    | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               | Annual                |   | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               |   | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               |
|  | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | \$                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Household Members (Children and Adults)     
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)     
 Check if no Social Security Number     
 Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

| Child Income                              | How often received?   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| \$  | Weekly                | Every 2 Weeks         | 2x Month              | Monthly               | Annual                |
| <input style="width: 50px;" type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**STEP 4** Contact information and adult signature. RETURN COMPLETED FORM TO THE KITCHEN AT SCHOOL OR MAIL TO: DCSD School Nutrition Program 1126 Airport Rd. Building B-1 Minden, NV 89423

"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 (confirm) 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."

|  |  |  |  |
|--|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |  |
| Print Name of Adult Signing the Form     | Signature of Adult                       | Today's Date                             |  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Mailing Address (if available)           | City                                     | State                                    | Zip                                      |
|  |  |  | Phone (optional)                         |
|  |  |  | Email (optional)                         |

**SOURCES AND EXAMPLES OF INCOME** For additional information on income, please refer to the instructions that accompany this application.

| Sources of Income  |   |  | Examples of Income for Children   |
|--|---|--|---|
| <b>Earnings from Work</b><br><ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul> | <b>Public Assistance/Alimony/Child Support</b><br><ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans' benefits</li> <li>Strike benefits</li> </ul> | <b>Pensions/Retirement/All other sources of income</b><br><ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul> | <ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul> |

**OPTIONAL** Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  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

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

**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. Do not annualize income to determine eligibility unless more than one income frequency is listed.

|                                  |  |                                 |   |                                |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
|----------------------------------|--|---------------------------------|---|--------------------------------|---------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|--|---|------|---------|--------|-----------------------|-----------------------|-----------------------|
| <b>Total Income</b>              | <b>How often?</b>  | <b>Household size</b>           | <b>Categorical Eligibility</b> <input type="checkbox"/> | <b>Eligibility</b>             |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| <input type="text"/>             | <table border="1"> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | Weekly                          | Every 2 Weeks   | 2x Month                       | Monthly | Annual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |  | <table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | Free | Reduced | Denied | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Weekly                           | Every 2 Weeks  | 2x Month                        | Monthly   | Annual                         |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| <input type="radio"/>            | <input type="radio"/>  | <input type="radio"/>           | <input type="radio"/>                                   | <input type="radio"/>          |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| Free                             | Reduced  | Denied                          |   |                                |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| <input type="radio"/>            | <input type="radio"/>  | <input type="radio"/>           |   |                                |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| <input type="text"/>             | <input type="text"/>   | <input type="text"/>            | <input type="text"/>                                    | <input type="text"/>           |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |
| Determining Official's Signature | Date   | Confirming Official's Signature | Date  | Verifying Official's Signature |         |        |                       |                       |                       |                       |                       |                      |  |   |      |         |        |                       |                       |                       |

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

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, audiotape, 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:

\* MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

\* Do not mail applications to this address, only complaints of discrimination.

**Return completed form to your child's school.**

This institution is an equal opportunity provider.