2024-25 Application for Free and Reduced-price School Meals

Complete one application per household and return to the school. Please use pen.

STEP 1 — List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

DEFINITIONS:

Children in Household: Any infant, child or student up to 12th grade that lives in your household.

Household Member: Anyone who is living with you who shares income and expenses, even if not related.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Y	Student? N	Homeless (or) Runaway	Migrant	Foster

STEP 2 — Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDPIR?

☐ **NO** If **NO** household member participates in SNAP or TANF or FDPIR, complete STEP 3.

☐ **YES** If **YES**, write your SNAP or TANF or FDPIR case number here and then go to STEP 4. Do not complete STEP 3. → **MT Case #:**

STEP 3 — Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDPIR case number in STEP 2.

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

Weekly ○ Bi-Weekly ○ 2X Month ○ Monthly ○ Yearly ○

B. **Adult Income** (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 gross income (before taxes) 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.

First and Last Name of Adult Household Member	Earnings from Work	Weekly ○ Bi-Weekly ○ 2X Month ○ Monthly ○ Yearly ○	Public Assistance/Child Support/ Alimony	Weekly ○ Bi-Weekly ○ 2X Month ○ Monthly ○ Yearly ○	Pension/Retirement/ All Other Income	Weekly ○ Bi-Weekly ○ 2X Month ○ Monthly ○ Yearly ○
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

C. **Total Household Members** (Children and Adults)

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

☐ **Check 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."

Mailing Address | **Apt #** | **City** | **State** | **Zip** | **Daytime Phone and Email (optional)**

Printed Name of Adult Completing Form | **Signature of Adult Completing Form** | **Today's Date**

SCHOOL USE ONLY — School District Must Complete This Section.

Signature of Determining Official: _____ Date: _____

Signature of Confirming Official: _____ Date: _____

Signature of Verifying Official: Date: _____

Application Received: _____ **Application Effective Date:** _____

Directly Certified (DC) from DCA/Source Records: ☐ SNAP DC ☐ TANF DC ☐ FDPIR DC ☐ Homeless/Runaway DC ☐ Migrant DC ☐ Foster DC

Categorical Eligibility: ☐ Foster Child ☐ Case Number

Total Household Income: $_____ per _____

Household Size:

Application Approved For: ☐ Free Meals ☐ Reduced-Price Meals ☐ Application Denied

ANNUAL INCOME CONVERSION

Weekly X 52
Bi-Weekly X 26
Twice a Month X 24
Monthly X 12

Convert to annual income ONLY if different frequencies of income listed.

OPTIONAL **Children's Racial and Ethnic Identities.**

Collecting racial and ethnic information 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:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

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:

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.

Reduced Price School Meal Application Income Guidelines

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	$27,861	$2,322	$1,161	$1,072	$536
2	$37,814	$3,152	$1,576	$1,455	$728
3	$47,767	$3,981	$1,991	$1,838	$919
4	$57,720	$4,810	$2,405	$2,220	$1,110
5	$67,673	$5,640	$2,820	$2,603	$1,302
6	$77,626	$6,469	$3,235	$2,986	$1,493
7	$87,579	$7,299	$3,650	$3,369	$1,685
8	$97,532	$8,128	$4,064	$3,752	$1,876
Each additional family member	$9,953	$830	$415	$383	$192

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.