# INSTRUCTIONS FOR APPLYING

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 Littlefield Unified School District. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Consuelo Avila, Food Services Director, (928) 418-2002, cavila@lusd9.org.

Please **use a pen (not a pencil)** when filling out the application and do your best to print clearly.

## STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

## STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and **go directly to STEP 4**.

If No- Leave this section blank and **go to STEP 3**.

- Please note that the 16-digit QUEST Electronic Benefit Transfer Card number starting in '5077' is not an appropriate Case Number.

**STEP 3- HOUSEHOLD INCOME INFORMATION**

**A. Child income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total 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. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

| **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<br>• Disability payments<br>• Survivor Benefits | A child is blind or disabled and receives Social Security benefits.<br><br>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. |

**B. Adult Household Members and Income-** 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**. List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

| Sources of Income for Adults | | |
|---|---|---|
| **Earnings from Work** | **Public Assistance/ Alimony/Child Support** | **Pensions/Retirement/All Other Income** |
| • Salary, wages, cash bonuses<br>• Net income from self-employment (farm or business)<br><br>**For military families:**<br>• Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)*<br>• Allowances for off-base housing, food and clothing | • Unemployment benefits<br>• Workers Compensation<br>• Supplemental Security Income (SSI)<br>• Cash Assistance from State or local government<br>• Alimony payments<br>• Child support payments<br>• Veteran's benefits<br>• Strike benefits | • Social Security (including railroad retirement and black lung benefits)<br>• Private Pensions or disability<br>• Income from trusts or estates<br>• Annuities<br>• Investment Income<br>• Earned Interest<br>• Rental Income<br>• Regular cash payments from outside household |

The back of the application provides the same Sources of Income charts.

**C. Total number of household members and SSN**

Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in STEP 1 and STEP 3.

Report the last 4 digits of the Social Security number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

**STEP 4- CONTACT INFORMATION AND ADULT SIGNATURE**

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address 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 providing it helps us reach you quickly if we need to contact you.

**OPTIONAL INFORMATION**

The back of this application provides a section for 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.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

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Once the form is completed, it should be mailed, or delivered to Littlefield Unified School District.

*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/ad-3027.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; or*

*fax:*
*(833) 256-1665 or (202) 690-7442; or*

*email:*
*Program.Intake@usda.gov*

*This institution is an equal opportunity provider.*