2026/2027 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
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 ⇨ **$**

CHILD Gross income

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? Weekly / Bi-Weekly / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? **Weekly** / Bi-Weekly / 2x Month / Monthly
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

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 X X X X X ☐☐☐☐ **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

Today's date

Printed name of adult completing the form

Daytime Phone (optional)

Street Address (if available)

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

Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wage
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 *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.

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
- 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 *(do not include combat pay, FSSA, or privatized housing allowances)* -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

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

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_____

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

For more information, you may call Denise Vaughn at (928) 759-5013 or Email: denise.vaughn@humboldtunified.com
Return this form to: Your child's school OR the HUSD Child Nutrition District Office located at 6901 E Bear Path Prescott Valley, AZ 86314 OR Email to: denise.vaughn@humboldtunified.com