## 2021-22 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use a pen.

STEP 1 List ALL CHILD	REN in the household. If more space i	is required for a	dditional names, attach another sheet	of paper.				
DEFINITIONS:	Child's First Name	MI Child	's Last Name	School	Grade	Student?	Homeless (or)	Migrant Foster
Children in Household:				7		Y N	Runaway	
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.								
STEP 2 Do any househ	old members (including you) currently	participate in o	ne or more of the following Assistanc	e Programs SNAP or TANF	or FDPIR?			
	hold member participates in SNAP or TANF or 🗕 plete STEP 3.		YES         If YES, write your SNAP or T and then go to STEP 4. Do read the state of the	TANF or FDPIR case number here not complete STEP 3.	I	MT Case #:		
STEP 3 Report Income	for ALL Household Members. Skip this	step if you wr	ote a SNAP or TANF or FDPIR case nur	nber in STEP 2.				
A. Child Income						We	eekly Bi-Weekly 2X N	Month Monthly Yearly
Sometimes children in the hou	sehold earn income. Please include the TOTAL inc	ome earned by all	Child Household Members listed in STEP 1 here.		→ \$		$\bigcirc$ $\bigcirc$ $\bigcirc$	OOC
	t listed in STEP 1 (including yourself) even if they do			eceive income, report total gross inco	me (before taxes)	for each source in wh	10le dollars (no cent	ເs) only. If they do
not receive income from any so	urce, write '0'. If you enter '0' or leave any fields bla	nk, you are certifyi	ng (promising) that there is no income to report.		Bansian	/Retirement/		
First and Last Name of Adult Househole	d Member Earnings from Work Weekly	Bi-Weekly 2X Mon	th Monthly Yearly Support/ Alimony	Weekly Bi-Weekly 2X Month Monthly	Yearly All Other	We	eekly Bi-Weekly 2X M	Month Monthly Yearly
	\$	O C	○ ○ ○ <b>\$</b>	$\bigcirc \bigcirc $	\$		<u>)                                    </u>	00C
	\$	0 C		$\bigcirc \bigcirc $	\$			$\bigcirc$
	s	0 C		$\bigcirc \bigcirc $	S s		$\overline{)}$	
	s						$\overline{ \bigcirc } \bigcirc $	$\frac{1}{2}$
C. Total Household Members (Children and Adults)			D. Last Four Digits of Social Secur (Primary Wage Earner or Other A			x x	c	Check if no SSN
STEP 4 Contact Informa	ation and Adult Signature.		(					
I certify (promise) that all information o	n this application is true and that all income is reported			ceipt of Federal funds, and that school o	officials may verify	(check) the information	on. I am aware that i	f I purposely give false
nformation, my children may lose meal	penefits, and I may be prosecuted under applicable St	ate and Federal law						
Mailing Address	Apt #	City	State	Zip Day	ytime Phone an	nd Email (optional	)	1
Printed Name of Adult Complet	ing Form S	ignature of Adu	It Completing Form	Τος	day's Date			
SCHOOL USE ONLY Sci	nool District Must Complete This Sectio	n.						
Signature of Determining Official:	Date:	Directly Certified (	C) from DCA/Source Records: 🗌 SNAP DC 🗌 TAN	VF DC 🛛 FDPIR DC 🗌 Homeless/Runa	away DC 🛛 Migra	ant DC 🛛 Foster DC		OME CONVERSION
Signature of Confirming Official:	Date:		Categorical Eligibility: 🛛 Foster Child	Case Number				ekly X 52 /eekly X 26
Signature of Verifying Official:	Date:		Total Household Income: \$	per				a Month X 24 nthly X 12
			Household Size:					nual income ONLY if
Application Received:	Application Effective Date:		Application Approved For:  Free Meals Re	educed-Price Meals 🛛 Application Denier	d		different frequer	ncies 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:	Race:				
Hispanic or Latino	American Indian or Alaskan Native	□ Native Hawaiian or Other Pacific Islander			
Not Hispanic or Latino	Asian	□ White			
	Black or African American				

	Free/Reduced Price School Meal Application Income Guidelines						
Γ	Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly	
	1	\$23,828	\$1,986	\$993	\$917	\$459	
	2	\$32,227	\$2,686	\$1,343	\$1,240	\$620	
	3	\$40,626	\$3,386	\$1,693	\$1,563	\$782	
	4	\$49,025	\$4,086	\$2,043	\$1,886	\$943	
	5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105	
	6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266	
	7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428	
	8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589	
	ach additional amily member	\$8,399	\$700	\$350	\$324	\$162	

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (AD-3027) found online at:

<u>http://www.ascr.usda.gov/complaint\_filing\_cust.html</u>, 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 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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.