Homeless,

Migrant.

Runaway

2x

Month

Monthly

Zip Code

Daytime Phone and E-Mail (Optional)

Apt#

Street Address (if available)

Printed Name of Adult Signing the Form

Ethnicity (Check One):

Race (Check One or More):

INSTRUCTIONS Sources of Income

Sources of Child Income				
Sources of Child Income	Example(s)			
Earnings from work	A child has a regular full- or part-time job where he/she earns a salary or wages			
Social Security —Disability payments —Survivor's benefits	 A child is blind or disabled and receives social security benefits A parent is disabled, retired, or deceased, and his/her 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 Incom		
 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 Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits 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.

☐ Not Hispanic or Latino

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.

reviews, and law enforcement officials to help them look into violations of program rules.

☐ Hispanic or Latino

American Indian or Alaskan Native Asian

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-0508-0002-508-11-28-17Fax2Maii.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.

Black or African American Native Hawaiian or Other Pacific Islander White

Do not fill out For School Use Only			
Annual Income Conversion: Weekly x 52, Every 2 Weekly x 52, Every 2 Weekly x 52, Every 2 Weekly 2 x Month Monthly	Household Size Categorical Eligibility	Eligibility: Free Reduced Denied	
Determining Official's Signature Date	Confirming Official's Signature Date	Verifying Official's Signature	Date