2025-2026 Application for Free and Reduced-Price School Meals Co	omplete one application per household.	Please use a pen	(not a pencil).
	A	pply online at	- Marie - 1975

STEP 1 List ALL household r	member			,	cii, and	Studen	, ар то			g O.													
Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's	First N	Vame	M	[	Child's	Last N	Vame			Scl	hool Na	ame		Grade	Birt	n Date		dent	0	Foste Child	N	Iomeless, Migrant, Runaway
				_	+									-				+	TE	all that apply	-		
Children in foster care and children who meet the					_														1-	LHat LL	닏ᆜ	_	
definition of homeless,																							
migrant, or runaway are eligible for free meals.																		$\Box$	Τ	Ge eg			
Read How to Apply for					+-									-+		_		$+ \equiv$	+-	<del> </del>  5	<u> </u>	+	$\overline{}$
Free and Reduced-Price																		14	4	싀		$\perp$	
School Meals for more information.																				] [			
STEP 2 Do any household me	embers	(includir	19 vou)	current	v parti	cipate ir	ı one or	more	of the	e follov	ing a	assistan	ce prog	rams:	SNAP. T	ANF.	or FDI	IR?		No. of			
If No, go to STEP 3. If Yes,			N= (**)										1 - 5	. 1740									Nat 2 22
ii ivo, go to bibli 5. ii ies,	, write a	case na	inoci i	icic, the	i go to	DIDI 1	r. (D0)	101 00	mpic	tt DII	1 5.	•)				Case I	Numbe	***				this one	
CTERA R		1 11	,	(CI: 4)		• 6		WEG	t- CT	ED 2)	-							Write	e only	one case	number in	tnis spa	ace.
STEP 3 Report income for A	LL nous	enola m	embers	s (Sкір п	iis step	ii you a	nswered	IES	to S1	EP 2)													
Are you unsure what income to include here?		Child In		dren in th	a hawaal	hald aam		ivo inc		Dlagge	inal	uda tha '	TOTA I	inaama		Child I	ncome	$\neg$		Hov	v Often		
Flip the page, and review the chart titled Sources of Income for mor information.	rts			children i							men	ude me	IOIAL	mcome	\$				Wee	weekly	/ Month	onthly	
The Sources of Income for Children																			- 1 -				
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chart will help you with the Chil Income section.	ld B.	List all h	ouseho	ehold Me	ers not	listed in	STEP 1	(inclu	ıding	yoursel	f), ev	ven if th	ey do n	ot recei	ve incor	ne. Fo	r each	house	hold	membe	er listed,	if he/s	she does
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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	<ul> <li>A child is blind or disabled and receives social security benefits</li> <li>A parent is disabled, retired, or deceased, and his/her child receives social security benefits</li> </ul>					
• Income from persons <i>OUTSIDE</i> 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 Othe				
<ul> <li>Salary, wages, cash bonuses</li> <li>NET income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	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

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.

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	In accordance with federal civil righ policies, this institution is prohibited gender identity and sexual orientatio information may be made available means of communication to obtain p
required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families	should contact the responsible state of 720-2600 (voice and TTY) or contact
(TANF) Program or Food Distribution Program on Indian Reservations (FDPIR)	discrimination complaint, a Complain
case number or other FDPIR identifier for your child or when you indicate	Form which can be obtained online a P-Complaint-Form-0508-0002-508-
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	writing a letter addressed to USDA.

American Indian or Alaskan Native Asian

☐ Hispanic or Latino

ts law and U.S. Department of Agriculture (USDA) civil rights regulations and I from discriminating on the basis of race, color, national origin, sex (including n), disability, age, or reprisal or retaliation for prior civil rights activity. Program in languages other than English. Persons with disabilities who require alternative rogram information (e.g., Braille, large print, audiotape, American Sign Language), or local agency that administers the program or USDA's TARGET Center at (202) et USDA through the Federal Relay Service at (800) 877-8339. To file a program inant should complete a Form AD-3027, USDA Program Discrimination Complaint at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20 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: 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

D	0	not	fill	out	For School	Use	Only
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Annual Income Conversion: V	veekly x 52	. Ever	v 2 Weeks x 26	. Twice a	Month x 24	, Monthly	x 12
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How Often?	Eligibility: Free Reduced Denied	Í
Total Income Annually Bi-Weekly 2 x Month Monthly Household Size Categorical Eligibility	Free Reduced Denied	
Determining Official's Signature Date Confirming Official's Signature Date	Verifying Official's Signature	Date