## INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

#### IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

# IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1: List all household members and the name of school for each child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

## IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

## If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2: Skip this part.
- Part 3: Skip this part
- Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

## If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

- Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

## ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3: Follow these instructions to report total household income from this month or last month.
- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program. intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

APPLICATION FOR FREE MILK/MEAL AND	REDUCED-PRICE ME	ALS—Complete O	ne Application Per Ho	ousehold Per So	chool D	Distr	ict. Ir	nstru	ction	s on	bacl	ack. SCHOOL USE ONLY										
1. All Household Members															Che	ck if E	rror	Pron	e Appl	icatio	on	
NAMES OF ALL HOUSEHOLD MEM First, Middle Initial, Last		(for Student only) School Name			SNAP OR TANF CASE NUMB list a SNAP or TANF case number. At be provided below.								SER Skip to Part 4 if you least one SNAP/TANF mi				u nust	Check NO Incor		Check if Foster Child*		
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2. Homeless, Migrant, Runaway, o	r Head Start (Cate	norically eligib	nle)	'				* A f	foste	r child	d is t	he le	gal re	espor	nsibil	lity of a	a we	elfare	agend	y or	court.	
Homeless Migrant		Head Start	Signature of Your S	School Homeless	Liaisor	n, M	ligran	nt Coo	ordin	ator, o	or He	ead S	Start	Direc	ctor		_		Date			
3. Total Household Gross Income	(before deduction	s) You must te	ell us how much	and how of	ften.																	
A.		xample: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)																				
NAMES (LIST ALL HOUSEHOLD MEMBERS	Farnings	Earnings From Work Welfare,			Pensions, Retirement,								, Worker's Comp., Unemploy-									
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		Deductions)		, Alimony		Social Security					,		ment, SSI, etc.					(All other income)				
	B. Amount	How often?	C. Amount	How often?	<b>D.</b> Amount					How often?				E. Amount				$\bot$	How often?			
i.	\$		\$		\$								\$									
ii.	\$		\$		\$	\$								\$								
iii.	\$		\$		\$	6								\$				$\top$				
iv.	\$		\$		\$	\$								\$								
V.	\$		\$		\$	6								\$			_	T				
4. Signature and Social Security	lumber (Adult mu	st sign)		I	- '						-											
An adult household member must sign the in Part 1, the adult signing the form must a or mark the I do not have a social securit.  I certify (promise) all information on this a ficials may verify (check) the information.  Date	pplication is true and I understand if I purpo	all income is repo sely give false inf		X X X So				nds and I	bas I ma	ed oi y be				ation	n I gi	rity n	und			cho	ol of- —	
5. Contact Information (Optional)																						
Work Telephone Number (Include Area 0	Code) Home Telephi	one Number (Inclu	ıde Area Code)	H	ome Ad	ddn	ess /	Nun	nher	Str	-et	City	Sta	ate 2	 7in (	Code	<u> </u>					
6. Children's Racial and Ethnic Id		•	20071100 0000)		<i>31110 7</i> 10	-	000 (	7 7 077	1001	, 0	-	O.t.y	, 0	, 2		<u> </u>	_					
Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino	Mark one or more racial identities:  Asian Black or African American Native Hawaiian or Other Pacific Islande  Mhite American Indian or Alaska Native										der											
7. Sharing Application Information		·					m fo	or ev	ver	v ch	ild	in I	llin	nis								
No! I DO NOT want information from my		. •	•		Sign he					,												
		· ·	SECTIONS ARE					LY-	_												_	
INITIAL DETERMINATION																						
TOTAL         Every 2         Twice a         NUMBER IN INCOME \$									HAN TATU	IGE II	N		Date									
LEAs must annualize income only when i	multiple incomes, at va	arying frequencies	s, are reported.																			
Annual Income Conversion Weekly X				ce a Month X											—		—					
	or TANF	☐ Reduced base ☐ household'	s income	enied—Reas  ☐ income too h ☐ incomplete a ☐ Non-qualifyin	nigh applica																	
☐ Head Start Signature of Determining Official													te Wi	thdra	awn:							
THE FOLLOWING SECTIONS ARE	NOT REQUIRED FOR S			ICIPATE IN II I IN	IOIS FE	RFF	ΔΝΓ	)/OR	SPF	CIAI	MII			RΔM	<u> </u>		_					
CONFIRMATION (Prior to verification a				Signature of					_	16					_			Date:				
VERIFICATION	- "	1													_		_					
DIRECT VERIFICATION COMPLETED DATE VERIFICATION NOTICE SENT:	INITIAL DETERMINA  ☐ Free based on SN TANF case number	AP/ □No C	RIFICATION RESULTS Change to Reduced	☐ Inco							_		DATE NOTICE C					STATU	IS			
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	☐ Free based on income	ome		☐ Cha	usehold Size: ange in SNAP/TANF not respond er:					_		EFFECTIVE DATE OF STAT						ATU	s 			
DATE, METHOD, RESULTS OF FOLLOW-UP:	☐ Mail ☐ Telephon	e Personal (	Contact Verifyi	ing Official's											Date	 e:						