2024-2025 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL	Household Members who are infants, child	dren, and students	s up to a	nd incl	luding	grade 1	2 (if mo	re spac	es are	requ	red fo	r addi	tional n	ames, attac	ch anoth	er sheet	of par	er)	
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. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name		Child's											Grade		Student? SS No D D D D D D D D D D D D D		Foster M	lomeles Migrant Runawa
STEP 2 Do any h	lousehold Members (including you) currer	ntly participate in o	one or m	ore of	the fo	llowing	assistan	ice pro	grams	: SNA	P, TAI	NF, or	FDPIR	?					
	> Write a case number here then go to STEP 4 (Do not complete STEP 3)						Write only one case number in this spac												
	If NO > Go to STEP 3. If YE								V.)	-					Write	only one ca	se num	ber in thi	s spac
STEP3 Report In	ncome for ALL Household Members (Skip this	s step if you answe	red 'Yes'	'to STE	P 2)														#
	A. Child Income Sometimes children in the household earn or re Household Members listed in STEP 1 here.	eceive income. Please	e include t	the TOT	'AL inco	ome rece	ved by all			\$	nild incon	ne	Woeld	How often y Bi-Weekly 2x M					
Are you unsure what income to include here? Flip the page and review the charts titled "Sources	B. All Adult Household Members (inclu List all Household Members not listed in STEP for each source in whole dollars (no cents) only Name of Adult Household Members (First and Last)		e income	ney do no from an How o Bi-Weekly	often?	ce, write	Public	ch House enter '0' Assistance Support/Alia	e/	o carry in	listed, elds bla How Bi-Weekly	often?		Pension	port total g sing) that ns/Retirementer Income		How	ore taxe e to rep often?	
of Income" for more information.		\$	0	0	0	0	\$			0	0	0	0	\$		10	0	0	C
The "Sources of Income for Children" chart will		\$	0	0	0	0	\$			0	0	0	0	\$			0	0	C
help you with the Child Income section.		\$	0	0	0	0	\$			0	0	0	0	\$		10	0	0	C
The "Sources of Income for Adults" chart will help		\$	0	0	0	0	\$			0	0	0	0	\$			0	0	C
you with the All Adult Household Members section.		\$	0	0	0	0	\$			0	0	0	0	\$			0	0	C
	Total Household Members (Children and Adults)	Last Four Digits of S Primary Wage Earne	Social Secu er or Other	urity Nun Adult He	nber (S: ouseho	SN) of Id Membe	r X	x x	X	x				Check if no	SSN [
	information and adult signature.																		
"I certify (promise) that all informa false information, my children ma	ation on this application is true and that all income is report y lose meal benefits, and I may be prosecuted under applic	ed. I understand that this cable State and Federal I	s informatio	n is given	in conn	ection with	the receipt	of Federa	al funds,	and tha	t school	officials	may verify	y (check) the inf	formation. I	am aware t	nat if I pu	rposely g	ive
111111111111111111111111111111111111111						Di-t		Zin	4-1-1-1-1		De	avtime !	Phone a	nd Email (opti	ional)				
Street Address (if available)	Apt#	City				State		Zip				ayuma i	nono a	aman topu					
Printed name of adult signing	g the form	Signature of a	dult								To	oday's o	date						

Sources of Income for Children

Sources of Child Income - Earnings from work	Example(s)	The second of th		Barrelows I Bulleville at I
- Earnings from work	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Social Security	- A child has a regular full or part-time job where they earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust	- 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 Regular cash payments from outside household
esponding to this section is optional and hnicity (check one):	out your children's race and ethnicity. This info does not affect your children's eligibility for fre		to make sure we are fully so Native Hawaiian or Other	
ne Richard B. Russell National School Lunch Act of the very long to the left four digits of the people.	cannot approve your child for free or reduced price security number of the adult household member who	large print, audiotape, American S	Sign Language, etc.), should contact	ation for program information (e.g. Braille t the Agency (State or local) where the
ns the application. The last four digits of the social se half of a foster child or you list a Supplemental Nutris stance for Needy Families (TANF) Program or Foc DPIR) case number or other FDPIR identifier for you ember signing the application does not have a social termine if your child is eligible for free or reduced prie lunch and breakfast programs. We MAY share you trition programs to help them evaluate, fund, or deteogram reviews, and law enforcement officials to help accordance with Federal civil rights law and U.S. Dep d policies, the USDA, its Agencies, offices, and empliministering USDA programs are prohibited from disc sability, age, or reprisal or retaliation for prior civil righted by USDA.	ition Assistance Program (SNAP), Temporary od Distribution Program on Indian Reservations ur child or when you indicate that the adult household I security number. We will use your information to ice meals, and for administration and enforcement of ur eligibility information with education, health, and ermine benefits for their programs, auditors for them look into violations of program rules. partment of Agriculture (USDA) civil rights regulations ployees, and institutions participating in or criminating based on race, color, national origin, sex,	through the Federal Relay Servavailable in languages other than I To file a program complaint of d Form, (AD-3027) found online at: office, or write a letter addressed t form. To request a copy of the co USDA by: mail: U.S. Department of A	rice at (800) 877-8339. Additionall English. liscrimination, complete the USDA I hiscrimination, complete the USDA I to USDA and provide in the letter all complaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights Avenue, SW 250-9410 agov.	filing_cust.html, and at any USDA
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Sources of Income for Adults