2021-2022 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 F	lousehold Members who are infants, ch	ildren, and stude	nts up to and inc	luding grade	12 (if mo	re spaces	s are requ	uired for a	dditional r	names, attach a	another	sheet of	paper)	
Definition of Household	Child's First Name	МІ	Child's Last N	lame						Grade	Stude Yes	lent? No	Foster Child	
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 ,												all that :		
Migrant or Runaway are eligible for free meals. Read												Check:]
How to Apply for Free and Reduced Price School Meals for more information.														
	ousehold Members (including you) curre	ently narticinate i	n one or more of	the following	n assistan	ce progr	ame: SN	ΔΡ ΤΔΝΕ		2				
bo any n	current members (metading you) curre				gassistan	ce progra								
	If NO > Go to STEP 3. If Y	ES > Write a cas	e number here the	n go to STEP	4 <u>(</u> Do <u>not c</u>	omplete S	<u>TEP 3</u>)	Case	Number:		Write only	one case r	umber in	this space
STEP 3 Report Inc	come for ALL Household Members (Skip th	nis step if you answ	vered 'Yes' to STE	EP 2)							·			·
										How often?				
	A. Child Income Sometimes children in the household earn or	receive income. Plea	ase include the TOT	AL income rece	eived by all		Γ	hild income	Weekly	/ Bi-Weekly 2x Month	Monthly			
	Household Members listed in STEP 1 here.	luding vouroolf)					\$		0	0 0	0			
Are you unsure what income to include here?	B. All Adult Household Members (inc List all Household Members not listed in STE	P 1 (including yourse	, ,								0			,
Flip the page and review			lo not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certi How often? How often? How often?					Pensions/Retirement/ How often?						
the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly	2x Month Monthly	\$	upport/Alimor	V Weekly	Bi-Weekly 2x	Month Monthly	All Other Inc	ome	Weekly Bi-V	Veekly 2x M	Month Monthly
The "Sources of Income		\$			\$					\$				
for Children" chart will help you with the Child Income section.				0 0										
The "Sources of Income for Adults" chart will help		\$			\$					\$				
you with the All Adult Household Members		\$		0 0	\$					\$				
section.		\$	00	0 0	\$			0 (\$		0 (
	Total Household Members (Children and Adults)	•	f Social Security Num mer or Other Adult Ho	· · ·	er X	x x	X X			Check if no SSI	1			
STEP 4 Contact in	formation and adult signature. Mail C	ompleted Form T	o: Catherine Ler	oley clepley@	pathway	school.c	org							
	on on this application is true and that all income is repo			in connection with	n the receipt o	of Federal fu	nds, and tha	t school offici	als may verify	(check) the informa	tion. I am av	vare that if I	purposely	y give
false information, my children may	lose meal benefits, and I may be prosecuted under app	licable State and Federa	al laws."											
Street Address (if available)	Apt #	City		State		Zip		Daytim	ie Phone an	d Email (optional))			
						•								
Printed name of adult signing t	he form	Signature of	adult					Today	's date					

Sources of Ind	come for Children	Sources of Income for Adults					
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad			
 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 their child receives Social Security benefits 	- Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lun benefits) - Private pensions or disability benefits - Regular income from			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 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.

	Hispanic or Latino				
Race (check one or more	e): American Indian	or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander 🔲 White

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

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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly	(52, Ev	ery 2	Week	s x 26,	, Twice a Month x 24 Monthly x 12							
		How	often?					Eligibilit	ty:			
Total Income	Weekly Bi-Weekly 2x Month Monthly				Household Size			Free Reduced Denied				
	\bigcirc	0	\bigcirc	\bigcirc	Categorica	l Eligibility	С	0	0			
Determining Official's Signature	D)ate			Confirming Official's Signature	Date	V	erifying	Official's Signature	Date		