

# 2017-2018 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 parents, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

**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	MI	Child's Last Name	Grade	Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Foster Child <input type="checkbox"/>	Homeless, Migrant, Runaway <input type="checkbox"/>

Check all that apply

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:** \_\_\_\_\_

Write only one case number in this space.

## STEP 3

Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ \_\_\_\_\_

How often?  
 Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			Pensions/Retirement/ All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: \_\_\_\_\_

Check if no SSN:

## STEP 4

Contact information and adult signature (Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

**OPTIONAL Children's Racial and Ethnic Identities**

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.

**Race (check one or more):**

Hispanic or Latino

Not Hispanic or Latino

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

I do NOT want school officials to share information from my free and reduced-price meals application with LaCHIP. Please sign here: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_ Date

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) 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 programs, auditors for 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, 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 (e.g. Braille, large print, tape, 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, 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](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](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

**INSTRUCTIONS Sources of Income**

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS	
Examples of Child Income	Examples(s)	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Income from work	A child has a regular full or part-time job where they earn a salary or wages	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Disability Payments	A child is blind or disabled and receives Social Security benefits	Worker's Compensation	Private pensions or disability benefits
Survivors Benefits	A parent is disabled, retired, or deceased, and their child receives Social Security benefits	Supplemental Security Income (SSI)	Regular income from trusts or estates
Income from person in the household	A friend or extended family member regularly gives a child spending money	Cash assistance from state or local government	Annuities
Income from any other source	A child receives regular income from a private pension fund, annuity or trust	Alimony payments	Investment Income
		Child Support Payments	Earned Interest
		Veteran's Benefits	Rental Income
		Strike Benefits	Regular cash payments from outside household

**NOT FILL OUT** For School Use Only Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income \_\_\_\_\_

How Often? Weekly Bi-Weekly Monthly Annually

Household Size \_\_\_\_\_

Eligibility: Free Reduced Denied OR Categorically Eligible?

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_