Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

STEP 1 List ALL	Household Members who are infants, o	children, and s	tudents	up to a	and includ	ing grad	e 12 (if n	nore sp	oaces	are requ	uired fo	or addition	nal nam	es, at	tach a	nother	sheet	of pa	per)	
Definition of Household	Child's First Name		MI	Child's	Last Nan	ne								Gra	ıde		dent? No			Homeless Migrant,
Member: "Anyone who is living with you and shares																Yes	INO	Γ	Child	Runaway
income and expenses, even if not related."																		λlά		
Children in Foster care and																	4	Check all that apply	냳	<u></u>
children who meet the definition of Homeless ,																		ck all t		
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and																		Che		
Reduced Price School Meals for more information.																				
STED 2																				
STEP 2 Do any F	Household Members (including you) cu	rently particip	ate in c	ne or m	nore of the	followir	ig assist	ance p	orogra	ms: SN	АР, ТА	NF, or FD	PIR?							
	If NO > Go to STEP 3.	YES > Write	a case n	umber h	ere then g	to STEP	4 <u>(</u> Do <u>no</u>	t compl	ete ST	EP 3)	Ca	se Numbe	er:							
															V	Vrite only	one cas	se num	ber in th	nis space
STEP 3 Report In	come for ALL Household Members (Skip	this step if you	answer	ed '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. 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 receive 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 certification. How often? How often?										ive income, report total gross income (before taxes)										
income to include here?						ource, writ	e '0'. If yo	u enter '	'0' or lea		ields bla	ank, you are		g (pror	mising)	that the		incom	e to rep	
income to include here? Flip the page and review the charts titled "Sources		only. If they do no	ot receive		from any s	ource, writ	e '0'. If yo		'0' or lea	ave any f	ields bla How	ank, you are	certifyin	g (pror	mising)	that thei		incom How	e to reposition?	
income to include here? Flip the page and review	for each source in whole dollars (no cents)	only. If they do no	ot receive	e income	from any s	ource, writ	e '0'. If yo	u enter ' blic Assista	'0' or lea	ave any f	ields bla How	ank, you are often?	thly	g (pror	mising) i	that thei	re is no	incom How	e to reposition?	port.
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income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income	for each source in whole dollars (no cents)	Earnings from \$	ot receive	e income	from any s	ource, writ	e '0'. If you Pull Ch	u enter ' blic Assista	'0' or lea	ave any f	ields bla How	ank, you are often?	thly	Pens All O	mising) i	that thei	re is no	incom How	e to reposition?	port.
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Today's date

Signature of adult

Sources of Inc	ome for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social SecurityDisability PaymentsSurvivor'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
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Date

Determining Official's Signature

S	ources of Income for Ad	dults
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- 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

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and	Ethnic Identities				
-	this section is optional a	and does not affect your children's eligibility fo	or free or reduce		o make sure we are fully serving our community. Native Hawaiian or Other Pacific Islander White	
not have to give the meals. You must incisigns the application behalf of a foster ch Assistance for Neec (FDPIR) case numb member signing the determine if your ch the lunch and break nutrition programs to program reviews, and policies, the US administering USDA	information, but if you do not, clude the last four digits of the so. The last four digits of the so. The last four digits of the so. If the last four digits of the so. If the solid or you list a Supplemental dy Families (TANF) Program over or other FDPIR identifier for application does not have a sild is eligible for free or reduce fast programs. We MAY share on help them evaluate, fund, or and law enforcement officials to Federal civil rights law and U.S. Federal civil rights law and U.S. Fola, its Agencies, offices, and A programs are prohibited from	Act requires the information on this application. You do we cannot approve your child for free or reduced price ocial security number of the adult household member who ial security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary or Food Distribution Program on Indian Reservations or your child or when you indicate that the adult household local security number. We will use your information to ead price meals, and for administration and enforcement of a your eligibility information with education, health, and determine benefits for their programs, auditors for thelp them look into violations of program rules. Department of Agriculture (USDA) civil rights regulations employees, and institutions participating in or a discriminating based on race, color, national origin, sex, vil rights activity in any program or activity conducted or	large prir applied for through available To file a p (AD-302; write a le request a mail:	tt, audiotape, American Sigor benefits. Individuals who the Federal Relay Service in languages other than Engorogram complaint of discrim of found online at: http://www.ter addressed to USDA and copy of the complaint form, U.S. Department of Agrical values.	mination, complete the USDA Program Discrimination Complaint Form, w.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or d provide in the letter all of the information requested in the form. To a, call (866) 632-9992. Submit your completed form or letter to USDA by: iculture Secretary for Civil Rights enue, SW 0-9410	
Do not fill ou	t For School Use Only					
Annual Income	Conversion: Weekly x &	52, Every 2 Weeks x 26, Twice a Month x 24 How often? Weekly Bi-Weekly 2x Month Monthly Household Size	Monthly x 12 Categorical E	igibility	Eligibility: Free Reduced Denied O O	

Confirming Official's Signature

Date