2022-2023 Household Application for Free and Reduced Price School Meals

Apply online at: Schools insert link to your online application, if applicable, or delete.

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

In Community Eligibility Schools (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

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List all Hou	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 income, report total gross income (before taxes) for each source in whole dollars only (no cents). 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. F. Seasonal Workers, and																																														
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G. Total Ho and Adu	G. Total Household Members (Children and Adults)—REQUIRED H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or Check box if no SSN Check box, if no SSN																																														
STEP 4	STEP 4 Contact information and adult signature Return completed form to your school. Insert your school district mailing address here																																														
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Sources of Income for Children									
Sources of Child Income	Example(s)								
- Gross earnings from work	 A child has a regular full or part-time job where they earn a salary or wages 								
Social SecurityDisability payments	 A child is blind or disabled and receives Social Security benefits 								
- Survivor's 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								

Sources of Income for Adults										
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income								
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM—refer to line 3 and 6 of Schedule 1 or line 34 from Schedule F; BUSINESS—line 31 from Schedule C or 1040-Line 8, Wage and Statement, Line 3. 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 Rental income Regular cash payments from outside household								

pension rund, annuity, or trust	clothing									
OPTIONAL Children's Racial and Ethnic Identities										
We are required to ask for information about your children's race and ethnicity. This does not affect your children's eligibility for free or reduced price meals. Ethnicity Check one Hispanic or Latino Not Hispanic or Latine American Indian or Alaskan Native	atino	_	_							
The Richard B. Russell National School Lunch Act requires the information on this application to have to give the information, but if you do not, we cannot approve your child for free or reprice meals. You must include the last four digits of the social security number of the adult househous member who signs the application. The last four digits of the social security number is not require when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program of Social Security number is not require when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program of Reservations (FDPIR) case number or other FDPIR identifier for your child or when you that the adult household member signing the application does not have a social security number will use your information to determine if your child is eligible for free or reduced price meals, an administration and enforcement of the lunch and breakfast programs. We MAY share your eliginformation with education, health, and nutrition programs to help them evaluate, fund, or detern benefits for their programs, auditors for program reviews, and law enforcement officials to help look into violations of program rules. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil right and policies, this institution is prohibited from discriminating on the basis of race, color, national (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for pricactivity. Program information may be made available in languages other than English. Persons with disabil require alternative means of communication to obtain program information (e.g., Braille, large print American Sign Language), should contact the responsible state or local agency that administers the	reduced old To file a program discriudired Discrimination Complai https://www.usda.gov/sram on 17Fax2Mail.pdf, from a must contain the complai er. We action in sufficient detained for gibility rmine 1. mail: U.S. Department Office of the Ass 1400 Independe Washington, D.C. 2. fax: (833) 256-1665 (3 email: program.intake@program.intake	istant Secretary for Civil Rights nce Avenue, SW c. 20250-9410; or or (202) 690-7442; or	Form AD-3027, USDA Program plaint-Form-0508-0002-508-11-28- g a letter addressed to USDA. The letter en description of the alleged discriminatory cR) about the nature and date of an alleged							
Do not fill out For School Use Only Annual Incom	me Conversion: Weekly x 52, Bi-Weekly (Every	2 Weeks) x 26, Twice a Month x 24, Monthly x 12								
Total Income How often? Weekly Bi-Weekly 2x Month Monthly Yearly Size		Date Berned	Denial or Withdrawal							
	Official's Signature Da	verifying Official's Signature Mo./Day/Yr. Required for Verification process only								
For schools participating in CEP only: Are all students on this application from a CEP school? Yes No										

If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.