Beneficiation of Household Member: around a block income and spaces. <i>even of that select.</i> Children who meet the definition of Houseless. Migrant, or	Academy Is	SD, 2022-2023 Standard (M Complete one applica		ation for Free and Redu Please use a pen (not a pe		eals			s Box for S e Withdra	School Use Only wn:	•	
A. Let A. L.H. Household Members Wite Are Infants, Children, and Students up to and Including Grade L. J. If more spaces are needed, use the Additional Nanes section on the back. Student Natured, Stolen in During? Optional: Check all thus apply. First Name MI Last Name Vet No Grade Optional: Check all thus apply. 1 Back of the start Start of the start Start of the Start Start of the Start Star		ember: anyone who is livin	g with you and shar	es income and expenses	, even if not related.		n in Foster care	; children who	meet the	definition of Ho	omeless, M	ligrant, or
List with diffs nume District? Optimize Chock all bat apply. First Name N Last Name Yes No Crade Number First Name Horneloo Migrant Number 2. Crade Number First Name Horneloo Migrant Number 2. Crade Number First Name Horneloo D	* * *						se the Additiona	I Names section	n on the ba	ick.		
print Name No Grade Number Foster Start Honeles Migrant Ruman 1.	List each child's name.						Optional:		Ch	neck all that appl	у.	
2. 3. 0	First Name	AI Last Name		Yes	No	Grade		Foster		Homeless	Migrant	Runawa
2.	1.											
3.	2.											
B. Participation in a Categorical Program If every child listed in Step 1 is a participant in clouding group currently participate in SNAP. TANF, and/or EDPIR? If No, complete Step 2 and 3. If Yes to SNAP!TANF > Write the Eligibility Determination Group (EDC) number in this space	3.											
• If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Stan, Homeless, Migram, or Runaway, skip Step 2 and complete Step 3. • SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and or FDPIR? If We to FDPIR, check this box 1. Step 2: Please read the directions for more information for the following questions. Reper tacome for ALL Knowlodd Members (SRM) this step 1 you entered a EDC annubre or checked the box to indicate participation in FDPIR in Step 1. A Last Four Digits of Social Security Number (SRM) this step 1 you entered an EDC annubre or checked the box to indicate participation in FDPIR in Step 1. A Last Four Digits of Social Security Number (SRM) this step 1 you entered an EDC annubre or checked the box to indicate participation in FDPIR in Step 1. A Last four Digits of Social Security Number (SRM) this step 1 you entered an EDC annubre or checked the box to indicate participation in FDPIR in Step 1. A Last four Digits of Social Security Number (SRM) this step 1 you entered an EDC annubre or checked the box to indicate participation in FDPIR in Step 1. A Last four Digits of Social Security Number (SRM) this step 1 you entered an EDC annubre or checked the box to indicate participation on the black. I tabut interest on innovae to report any Control Term Step 2. A last for EDR 2. Public Ansistance/ Child Step 2. A cast is no lincoate be report. Public Ansistance/ Child Step 2. A cast is no lincoate be report. Public Ansistance/ Child Step 2. S W -E-T-M-A S W -E-T-M-A	4.											
 SNAP, TANP, or FDPIR: Do any Household Members (including you) currently participate in SNAP. TANP, and/or FDPIR? fNo, complete Step 3: If Yes to SNAP/TANP > Write the Flighbility Determination Group (EDG) number in this space	B. Participation in a Categorical Pr	ogram										
If No, complete Steps 2 and 3. If Yes to SNAPTANF > Write the Elighbility Determination Group (EDG) number in this space	• If every child listed in Step	is a participant any one of t	he following program	ns— <u>Foster, Head Start, H</u>	Iomeless, Migrant, or	Runaway	y, skip Step 2 an	nd complete Ste	ep 3.			
If Yes to FDPIR, check this bot skip step 2, and complete Step 3. Step 2: Please read the directions for more information for the following questions. Step 1: Concert for ALI. Hossbeld Members (Bub You step 4 and EDG number or checked the bot to indicate participation in FDPIR in Step 1). A. Last Four Digits of Scala Security Number (BSN 9 of an Adult Hausehold Member: Main Vanase section on the back). B. Hommer for Adult Hossbeld Members (Bub You step 4 on creater include and thino Number (BBN YOU STATE) I fincking you and of end 1 for the following (BSN 9 and Adult Hausehold Member: Main Vanase section on the back). B. Hommer for Adult Muses Members (Back You State). If the following include and thino Number (Back You State). A Last Four Digits of Scala Security Numbers (Back You State). If the following include and thino Number (Back You State). If the following include the back.) If the frequency of include the income of check terms of the following (Circle One) (Enter Amount) (• SNAP, TANF, or FDPIR: D	o any Household Members	(including you) curre	ently participate in SNAP,	, TANF, and/or FDPI	R?						
Step 2: Please read the directions for more information for the following questions: Report Income for ALL Household Members (Skip this step 1) you entered as EDG number or checked the box to indicate participation in FDPI is is ps 1. A Last Four [jist of Scial Scial Scient] Number (Skip this step 1) you entered as EDG number or checked the box to indicate participation in FDPI is itep 1. A Last Four [jist of Scial Scial Scient] Household Members (Incluke Younef]. But Not Children If more spaces are needed. use the Additional Numes section on the boxk.) List at Household Members (Include Younef]. But Not Children If more spaces are needed. Use the Additional Numes section on the boxk.) List Household Members (Include Younef]. But Not Children If more proves are needed. Use the Additional Numes Science from any source, wire '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is an income to report. Persions/Retirement (V Social Scientry/Sopplene Intal Security Counce) (Circle One) Vocial Scientry/Sopplene Intal Security (Circle One) All Other Prequency (Circle One) 1. \$ W-E-T-M-A \$ W-	If No, complete Steps 2 and	3. If Yes to SNAP/TANF >	Write the Eligibility	Determination Group (E	DG) number in this s	pace		, skip Step	2, and cor	nplete Step 3.		
Report Income for ALI Household Members (Skip this step If you entered an EDG number or checked the box to indicate participation in FDPIR in Skep 1. A. Las Four Digits of Social Security Number (SN) of an Adult Household Members TXXX	If Yes to FDPIR , check this	oox , skip Step 2, and con	nplete Step 3.									
A Last Four Digits of Social Security Number (SSN) of an Adult Household Member XXXXX	Step 2: Please read the directions for	or more information for the	e following question	s.								
8. Income for Adult Household Members of Linkel in STEP 1 (including younself) even if they do not receive income. For each Household Admeber is the frequency of includie diverse income in the Adultional Names section on the back.) 1. Income for Adult Household Members of Linkel in STEP 1 (including younself) even if they do not receive income. For each Household Admeber is the frequency of includie the income or ropat. Fulbric Assistance/ Child Support/ Enter Amount) Frequency (Enter Amount) Frequency (Enter Amount) Frequency (Enter Amount) All Other (Enter Amount) Frequency (Enter Amount) <	Report Income for ALL Household Men	bers (Skip this step if you ente	ered an EDG number o	or checked the box to indica	ate participation in FD	PIR in Ste	ep 1).					
Is all Household Members not listed in STEP 1 (including younself) even if they do not receive income. For each Household Member listed, if they do receive income, reprot total income (without deductions) for each source in whole dollars only indicate the frequency of income: Weekly, E=Dvery 2 Weeks, T=Twice per Month, M=Monthly, A=Annnally. 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 the income to report. Adult's First/Last Name childen in this section. The income of children goes in 2C.) Frequency Mer Earnings Frequency Alignony Frequency Alignony Frequency Alignony Frequency (Enter Amount) (Circle One) (Enter Amount) (Circle One) Income of (Enter Amount) W=E-T-M=A \$ W=E-T-M=A <	A. Last Four Digits of Social Security Nu	mber (SSN) of an Adult House	ehold Member:	XXX-XX _		□ Check	c if no SSN					
Andicate the frequency of income: Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0' fryou enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Andic's First/Last Name (Do not include the income of children in this section. The income of children in this section. The income (Enter Amount) Prequency (Circle One) Income (Enter Amount) Frequency (Enter Amount) Network Network <th>B. <u>Income for Adult</u> Household Members</th> <th>(Include Yourself, But Not Child</th> <th>Iren. If more spaces are r</th> <th>needed, use the Additional Na</th> <th>ames section on the back</th> <th>K.)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	B. <u>Income for Adult</u> Household Members	(Include Yourself, But Not Child	Iren. If more spaces are r	needed, use the Additional Na	ames section on the back	K.)						
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3. \$ W-E-T-M-A \$ W-E-T-M-A \$ W-E-T-M-A \$ W-E-T-M-A C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.) Monthly Annually Record total income by frequency for each child who receives regular income listed in Step 1. Yeekly Every 2 Yeeks Twice per Monthly Monthly Annually 1. \$		Ŧ										
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Weekly Every 2 weekly Month Month Monthly Annually 1. \$	C. Income for Children in the House	hold (Do not include adult ind		type of regular income for		hold. If m	ore spaces are no			Names section o		
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D. Total Household Members (Count all children & adults living in the household)	2.					\$	\$	\$		\$	\$	
Step 3: Please read the directions for more information on signing this form. Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school. 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. treet Address/Apt # City State Zip Daytime Phone and Email (Optional)						\$	\$	\$		\$	\$	
Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.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.treet Address/Apt #CityStateZipDaytime Phone and Email (Optional)	D. Total Household Members (Coun	t all children & adults living	in the household)									
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		is application is true and the	at all income is repor		s information is giver	ı in conne	ection with the re	eceipt of Federa	· ·	d that school off	icials may	verify
rinted Name of Adult Household Member Signing the Form Signature of Adult Household Member Signing the Form Today's Date	Street Address/Apt #	is application is true and the purposely give false inform	at all income is repor nation, my children m	ay lose meal benefits, and	s information is giver d I may be prosecuted	ı in conne	ection with the re pplicable State a	eceipt of Federa and Federal law	s.	d that school off	icials may	verify

Step 1: Additional Names

A. List ALL Household Members Who Are Infa	ts, Children, and Students u	p to and Including Grade 12.	If more spaces are needed, use the	he Additional Household Member Sheet on the back.
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List each child's name.				Student Attends School in District?			Optional:	Check all that apply.				
First	Name	MI	Last Name	Yes	No	Grade	Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
5.												
6.												
7.												
8.												
9.												
Step 2:	Additional Names											

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income	Work Earnings	Frequency	Public Assistance/ Child Support/ Alimony	Frequency	t/ Social Security/Suppleme ntal Security Income	Frequency	All Other	Frequency
of children goes in 2D.)	(Enter Amount)	(Circle One)	(Enter Amount)	(Circle One)	(Enter Amount)	(Circle One)	(Enter Amount)	(Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Poncions/Potiromon

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

I	Record total income by frequency for each child who receives regular income listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	4.	\$	\$	\$	\$	\$
	5.	\$	\$	\$	\$	\$
	6.	\$	\$	\$	\$	\$

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, health, and nutrition programs to help them evaluate, fund, or determine benefits for their 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged office in sufficient detail to a completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For Sch	and Line Only
DO NOUTHUUULUUS PACE THIS IS FOR SCH	DOI USE UIIIV.

Income Determination: Multiple income frequencies must be converted to	Date Received:		
frequency is provided by the household. If converting income to annual, rou Month x 24 Monthly x 12	Categorical Determination:		
Household Size: Total Income: Weekly [Every 2 Weeks Twice a Month Monthly Annually	Eligibility: Free Reduced Denied	
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date		