2017-2018 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

finition of Household	Child's First Name		МІ	Child's	Last Name								Grade	St Yes	udent? No		Foster	lomeles: Migrant, Runawa
ember: "Anyone who is ng with you and shares																		
ome and expenses, even ot related."																apply		
Idren in Foster care and dren who meet the																Check all that apply		_
nition of Homeless , rant or Runaway are																heck a		\dashv
ble for free meals. Read v to Apply for Free and luced Price School																٥	H	=
s for more information.																		
EP 2 Do any H	lousehold Members (including you) cι	urrently par	ticipate in c	one or m	nore of the fo	ollowing	assistan	ce progran	ns: SNA	AP, TAN	F, or FDF	IR?						
_										Case	e Number							
	If NO > Go to STEP 3.	f YES > V	Vrite a case n	number h	ere then go to	STEP 4	(Do <u>not co</u>	omplete STE	<u>EP 3</u>)	Oust	e Hullibel	•		Write on	ly one ca	ise num	ber in thi	s space
P3 Report In	come for ALL Household Members (Skip	p this step if	you answer	red 'Yes'	'to STEP 2)													
												Ho	ow often?					
	A. Child Income Sometimes children in the household earn	n or receive in	come. Please	e include t	the TOTAL inc	ome receiv	ved by all		CI	hild income	V	eekly Bi-We	ekly 2x Mon	nth Monthly				
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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 lung benefits) - Private pensions or disability benefits - Regular income from
-Income from person outside the househo	- 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
-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	 Earned interest Rental income Regular cash payments from outside household
OPTIONAL Children's Racial and E	Ethnic Identities			
ace (check one of more).	Latino Not Hispanic or Latino	Black or African American Persons with disabilities who requ		tion for program information (e.g. Braill
Americal American Ame	Latino Not Hispanic or Latino an Indian or Alaskan Native Asian 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 al security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary report Food Distribution Program on Indian Reservations reyour child or when you indicate that the adult household ocial security number. We will use your information to diprice meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules.	Persons with disabilities who requarge print, audiotape, American applied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than to file a program complaint of a Form, (AD-3027) found online at: office, or write a letter addressed form. To request a copy of the coustness of	uire alternative means of communical Sign Language, etc.), should contact the area deaf, hard of hearing or have vice at (800) 877-8339. Additionall English. Iliscrimination, complete the USDA I http://www.ascr.usda.gov/complaint_to USDA and provide in the letter all of implaint form, call (866) 632-9992. Signiculture at Secretary for Civil Rights Avenue, SW 250-9410	tion for program information (e.g. Braille t the Agency (State or local) where the e speech disabilities may contact USD, ly, program information may be mad Program Discrimination Complaint filing_cust.html, and at any USDA
thnicity (check one): Americal American	Act requires the information on this application. You do we cannot approve your child for free or reduced price locial security number of the adult household member who all security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary reconstribution Program on Indian Reservations reyour child or when you indicate that the adult household locial security number. We will use your information to deprice meals, and for administration and enforcement of reyour eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules. Department of Agriculture (USDA) civil rights regulations employees, and institutions participating in or discriminating based on race, color, national origin, sex, il rights activity in any program or activity conducted or	Persons with disabilities who requested for benefits. Individuals we through the Federal Relay Servavailable in languages other than Infinity to file a program complaint of the Form, (AD-3027) found online at: Individuals we consider the form, (AD-3027) found online at: Individuals we consider the form, (AD-3027) found online at: Individuals we consider the form, To request a copy of the consideration of the Assistant Adol Independence of the Assistant Adol Independe	uire alternative means of communical Sign Language, etc.), should contact the area deaf, hard of hearing or have vice at (800) 877-8339. Additionall English. Iliscrimination, complete the USDA I http://www.ascr.usda.gov/complaint_to USDA and provide in the letter all of implaint form, call (866) 632-9992. Signiculture at Secretary for Civil Rights Avenue, SW 250-9410	tion for program information (e.g. Braille t the Agency (State or local) where the e speech disabilities may contact USD ly, program information may be mad Program Discrimination Complaint filing_cust.html, and at any USDA of the information requested in the
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