Return Completed Application to:		(Inser	t Schoo	ol name, ma	iling address i	here)							
Part 1: Children in School													
ist names of all children, including foster children, in school. f all children listed are foster, skip to Part 4 to sign the form. First, Middle Initial, Last Name)		Check box below if a foster child		Name of	School Child A	ttends	Grade						
Part 2: Assistance Programs – SNAP, TANF or													
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4													
Part 3: Total Household Gross Income – You must tell us how much and how often.													
	1. Household Members 2. Gross Income (before taxes) and How Often it was Received												
List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often.			ings from Work ore deductions		stance, Child	Pensions, Retirement and All Other Income							
Entering "0" or leaving the income field blank certifies					, / till to try	711 01							
no income to report. A foster child's <b>personal</b> use	Inco	оте ном	often	Income	How often	Income	How often						
income must be listed.		110	ontorr	income		moomo							
	Lootf	our digito of (	Conial C	o ourity Numb	or (SSNI) of the								
Total Number of Household Members: (Children and Adults) ————	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – Check if no SSN						f no SSN 🗖						
Part 4: Adult Signature and Contact Information													
"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."													
Sign here:Print name:Date:													
Street Address (if available):				Zip: Daytime Phone:									
Part 5: Children's Ethnic and Racial Identities -	- Optio	nal											
Check one Ethnic Identity: - and - Chec	k one	or more R	acial lo	dentities:									
Hispanic or Latino	an	Black o	or Africa	an American		Native Haw	aiian or						
□Not Hispanic or Latino □Wh	ite		an Indi	an or Alaska	an Native	other Pacifi	c Islander						
Do Not Fill Out th	ne Sec	tion Below	- For	School Use	Only								
Annual Income Conversion: Weekly X 52	,	Every 2 wee	ks X 26	; Twice a	a month X 24;	Mor	nthly X 12						
	Г	Free		Reduced		enied							
Total Household Size:						eason for de	enial:						
Total Income:per		Categor	cally eli	gible:		Income t	oo high						
Year Month 2 X Mo Every 2 Wks Week													
Signature of Determining Official: Date Approved:													
FOR THE VERIFICATION PROCESS ONLY: Date Withdrawn													
Signature of Confirming Official:	Date Confirmed: From School:												
Signature of Verifying Official:	Date Verified:												

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.	FEDERAL INCOME CHART for School Year 2018-19									
	Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly				
	1	22,459	1,872	936	864	432				
	2	30,451	2,538	1,269	1,172	586				
	3	38,443	3,204	1,602	1,479	740				
	4	46,435	3,870	1,935	1,786	893				
	5	54,427	4,536	2,268	2,094	1,047				
	6	62,419	5,202	2,601	2,401	1,201				
	7	70,411	5,868	2,934	2,709	1,355				
	8	78,403	6,534	3,267	3,016	1,508				
	Each additional person:	7,992	666	333	308	154				

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 are 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 with education, 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, 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 for program information (e.g Braille, large print, audiotape, 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, program 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, 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
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.