

**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES**

JULY 1, 2020 - JUNE 30, 2021

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319	23,606	1,968	984	908	454
2	22,412	1,868	934	862	431	31,894	2,658	1,329	1,227	614
3	28,236	2,353	1,177	1,086	543	40,182	3,349	1,675	1,546	773
4	34,060	2,839	1,420	1,310	655	48,470	4,040	2,020	1,865	933
5	39,884	3,324	1,662	1,534	767	56,758	4,730	2,365	2,183	1,092
6	45,708	3,809	1,905	1,758	879	65,046	5,421	2,711	2,502	1,251
7	51,532	4,295	2,148	1,982	991	73,334	6,112	3,056	2,821	1,411
8	57,356	4,780	2,390	2,206	1,103	81,622	6,802	3,401	3,140	1,570
For each additional family member add:	5,824	486	243	224	112	8,288	691	346	319	160

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions:
Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Justin Brown				2		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4										137269	
Part 3: Total Household Gross Income – You must tell us how much and how often.											
1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.				2. Gross Income (before taxes) and How Often it was Received							
				Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income			
				Income	How often	Income	How often	Income	How often	Income	How often
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 <input type="checkbox"/>							
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.											
"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: <u>Sue Brown</u>				Print name: Sue Brown				Date: 8/10/XX			
Street Address (if available): _____						Zip: _____		Daytime Phone: _____			
Part 5: Children's Ethnic and Racial Identities – Optional											
Check one Ethnic Identity: – and – Check one or more Racial Identities:											
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
Do Not Fill Out the Section Below - For School Use Only											
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12											
Total Household Size: _____ Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input checked="" type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)							
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/14/XX					
FOR THE VERIFICATION PROCESS ONLY:											
Signature of Confirming Official: _____						Date Confirmed: _____			Date Withdrawn From School: _____		
Signature of Verifying Official: _____						Date Verified: _____					

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Sue Wright				9		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>	
Bob Wright				5		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
Jacob Wright				4		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits											
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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 List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.				2. Gross Income (before taxes) and How Often it was Received							
				Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income			
				Income	How often	Income	How often	Income	How often		
John Wright				1500	mo						
Mary Wright				1000	mo						
Sue Wright											
Bob Wright											
Jacob Wright											
Total Number of Household Members: (Children and Adults) <u>5</u>				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>0 4 3 2</u> Check if no SSN <input type="checkbox"/>							
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.											
"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: <u>Mary Wright</u>				Print name: Mary Wright				Date: 8/13/XX			
Street Address (if available):						Zip:		Daytime Phone:			
Part 5: Children's Ethnic and Racial Identities – Optional											
Check one Ethnic Identity: – and – Check one or more Racial Identities:											
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
Do Not Fill Out the Section Below - For School Use Only											
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12											
Total Household Size: <u>5</u>				<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)							
Total Income: 2500 per											
<input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/15/XX					
FOR THE VERIFICATION PROCESS ONLY:											
Signature of Confirming Official:						Date Confirmed:			Date Withdrawn From School:		
Signature of Verifying Official:						Date Verified:					

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to: <i>(Insert School Name & Mailing Address here)</i>					
Part 1: Children in School					
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway		
Jane Smith	3	Lincoln Elementary	<input type="checkbox"/>	<input type="checkbox"/>	
Michael Smith	6	Lincoln Elementary	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits					
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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 List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed.		2. Gross Income (before taxes) and How Often it was Received			
		Earnings from Work before deductions		Public Assistance, Child Support, Alimony	Pensions, Retirement and All Other Income
		Income	How often	Income	How often
Mary Smith	1200	mo	100	wk	
George Smith					10,000 yr
Jane Smith					
Michael Smith					
Total Number of Household Members: <u>4</u> (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>3 2 1 3</u> Check if no SSN <input type="checkbox"/>			
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.					
“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: <i>George Smith</i>		Print name: George Smith		Date: 8/18/XX	
Street Address (if available):		Zip:		Daytime Phone:	
Part 5: Children’s Ethnic and Racial Identities – Optional					
Check one Ethnic Identity: – and – Check one or more Racial Identities:					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
Do Not Fill Out the Section Below - For School Use Only					
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12					
Total Household Size: <u>4</u>		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: 29,600 per					
<input checked="" type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week					
Signature of Determining Official: <i>Mary Nelson</i>				Date Approved: 8/19/XX	
FOR THE VERIFICATION PROCESS ONLY:					
Signature of Confirming Official:		Date Confirmed:		Date Withdrawn From School:	
Signature of Verifying Official:		Date Verified:			

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2019 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

Zero income resulting from use of the 1040 Form does not require follow-up.

Important Reminders from the U.S. Individual Income Tax Return Form 1040:

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 7b (Total Income) and line 8b (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

From the first page of the U.S. Individual Income Tax Return Form 1040:

Line 6 Capital Gain or (loss) _____

From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:

Line 3 Business Income or (loss) **\$25,000**

Line 4 Other Gains or (losses) _____

Line 5 Rental Real Estate, etc. _____

Line 6 Farm Income or (loss) **- \$15,000**

Total of the above five lines: **\$10,000** equals annual self-employed income *

* Report this figure on the meal application in the column labeled "All Other Income".

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial George A		Last name Smith	Your social security number 2 2 2 3 3 4 4 4 4
If joint return, spouse's first name and middle initial Mary B		Last name Smith	Spouse's social security number 3 3 3 4 4 5 5 5 5
Home address (number and street). If you have a P.O. box, see instructions. 123 Platte Street			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Lincoln, NE 68555			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Jane Smith		6 6 6 7 7 8 8 8 8		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bob Smith		6 6 6 8 8 9 9 9 9		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	20,000
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRA distributions	4b	
c	Pensions and annuities	4d	
5a	Social security benefits	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	10,000
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	30,000
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	
9	Standard deduction or itemized deductions (from Schedule A)	9	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040**

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

20XX
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	25,000
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	-15,000
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	10,000

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR)

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to: <i>(Insert School Name & Mailing Address here)</i>					
Part 1: Children in School					
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway		
Ben Jones	11	Lincoln High	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits					
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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 List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed.		2. Gross Income (before taxes) and How Often it was Received			
		Earnings from Work before deductions		Public Assistance, Child Support, Alimony	Pensions, Retirement and All Other Income
		Income	How often	Income	How often
Sarah Jones	0	mo			
Ben Jones					
Total Number of Household Members: <u>2</u> (Children and Adults)		Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>2 3 4 5</u> Check if no SSN <input type="checkbox"/>			
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.					
<i>“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.”</i>					
Sign here: <i>Sarah Jones</i>		Print name: Sarah Jones		Date: 8/14/XX	
Street Address (if available):		Zip:		Daytime Phone:	
Part 5: Children’s Ethnic and Racial Identities – Optional					
Check one Ethnic Identity: – and – Check one or more Racial Identities:					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
Do Not Fill Out the Section Below - For School Use Only					
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12					
Total Household Size: <u>2</u>		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: <u>0</u> per					
<input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week					
Signature of Determining Official: <i>Mary Nelson</i>				Date Approved: 8/15/XX	
FOR THE VERIFICATION PROCESS ONLY:					
Signature of Confirming Official:				Date Confirmed:	
Signature of Verifying Official:				Date Verified:	
				Date Withdrawn From School:	

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to: <i>(Insert School Name & Mailing Address here)</i>					
Part 1: Children in School					
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child Homeless, Migrant, Runaway		
Jesse Martin	7	Lincoln Middle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits					
Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR: (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 everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.		Earnings from Work before deductions		Public Assistance, Child Support, Alimony	Pensions, Retirement and All Other Income
		Income	How often	Income	How often
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 <input type="checkbox"/>			
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.					
<i>"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."</i>					
Sign here: <i>Phyllis Miller</i>		Print name: Phyllis Miller		Date: 8/18/XX	
Street Address (if available): _____		Zip: _____		Daytime Phone: _____	
Part 5: Children's Ethnic and Racial Identities – Optional					
Check one Ethnic Identity: – and –		Check one or more Racial Identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native			
Do Not Fill Out the Section Below - For School Use Only					
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12					
Total Household Size: _____		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDIPIR <input type="checkbox"/> Incomplete application <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)			
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week					
Signature of Determining Official: <i>Mary Nelson</i>		Date Approved: 8/20/XX			
FOR THE VERIFICATION PROCESS ONLY:					
Signature of Confirming Official: _____		Date Confirmed: _____		Date Withdrawn From School: _____	
Signature of Verifying Official: _____		Date Verified: _____			

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Leslie Peters				7		Lincoln Middle				<input type="checkbox"/> <input type="checkbox"/>	
Luke Peters				5		Lincoln Elementary				<input type="checkbox"/> <input type="checkbox"/>	
Chris Nelson				3		Lincoln Elementary				<input checked="" type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits											
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 List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use income must be listed.				2. Gross Income (before taxes) and How Often it was Received							
				Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income			
				Income		How often		Income		How often	
Gary Peters				700		2 wks					
Denise Peters				500		2 wks					
Leslie Peters											
Luke Peters											
Chris Nelson											
Total Number of Household Members: 5 (Children and Adults)				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – 6 4 8 6 Check if no SSN <input type="checkbox"/>							
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.											
<i>"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."</i>											
Sign here: <i>Denise Peters</i>				Print name: Denise Peters				Date: 8/17/XX			
Street Address (if available):						Zip:		Daytime Phone:			
Part 5: Children's Ethnic and Racial Identities – Optional											
Check one Ethnic Identity: – and – Check one or more Racial Identities:											
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
Do Not Fill Out the Section Below - For School Use Only											
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12											
Total Household Size: 5				<input checked="" type="checkbox"/> Free - 1 <input type="checkbox"/> Reduced - 3 <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Income too high <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Incomplete application <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)							
Total Income: 1200 per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input checked="" type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: <i>Mary Nelson</i>						Date Approved: 8/19/XX					
FOR THE VERIFICATION PROCESS ONLY:											
Signature of Confirming Official:						Date Confirmed:			Date Withdrawn From School:		
Signature of Verifying Official:						Date Verified:					

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 20XX-XX

Return Completed Application to:						(Insert School Name & Mailing Address here)					
Part 1: Children in School											
List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Grade		Name of School Child Attends				Check all that apply: Foster Child Homeless, Migrant, Runaway	
Jordan Matthews				10		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>	
Justin Matthews				9		Lincoln High				<input type="checkbox"/> <input type="checkbox"/>	
Jessica Mathews				6		Lincoln Middle				<input type="checkbox"/> <input type="checkbox"/>	
Kristen Thomas				5		Lincoln Elementary				<input checked="" type="checkbox"/> <input type="checkbox"/>	
										<input type="checkbox"/> <input type="checkbox"/>	
Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits											
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 List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed.				2. Gross Income (before taxes) and How Often it was Received							
				Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income			
				Income		How often		Income		How often	
Steve Matthews				2500		mo					
Debbie Matthews				1700		mo					
Jordan Matthews											
Justin Matthews											
Jessica Matthews											
Kristen Thomas											
Total Number of Household Members: (Children and Adults) <u>6</u>				Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – <u>3 1 5 2</u> Check if no SSN <input type="checkbox"/>							
Part 4: Adult Signature and Contact Information – An adult household member must sign the application.											
<i>"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."</i>											
Sign here: <u>Steve Matthews</u>				Print name: Steve Matthews				Date: 8/19/XX			
Street Address (if available):						Zip:		Daytime Phone:			
Part 5: Children’s Ethnic and Racial Identities – Optional											
Check one Ethnic Identity: – and – Check one or more Racial Identities:											
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American				<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
Do Not Fill Out the Section Below - For School Use Only											
Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12											
Total Household Size: <u>6</u>				<input checked="" type="checkbox"/> Free - 1 <input checked="" type="checkbox"/> Reduced - 3 <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Income Reason for denial: <input checked="" type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Incomplete application <input checked="" type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Occasional Documentation Required at School)							
Total Income: <u>4200</u> per											
<input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: <u>Mary Nelson</u>						Date Approved: 8/21/XX					
FOR THE VERIFICATION PROCESS ONLY:											
Signature of Confirming Official:						Date Confirmed:			Date Withdrawn From School:		
Signature of Verifying Official:						Date Verified:					