

## **Household Application for Free and Reduced Price Summer Meals**

(For Use by Camps and Closed Enrolled Sites)

on of <b>Household</b>	Child's First Name	МІ	I Child's Last Name		Grade Str	udent? Homeles: Foster Migrant, No Child Runaway
: "Anyone who is th you and shares						
nd expenses, even if ed."						appty
Foster care and tho meet the						all that apply
f Homeless, Runaway are free meals. Read						Check a Check
y for Free and ce School Meals						
rmation.						
2 Do any l	lousehold Members (including you) curr	ently participa	ate in one or more of the fo	llowing assistance programs: SNAP, TANF, o	r FDPIR?	
	If NO > Go to STEP	If YES > Wr	rite a case number here then go	to STEP 4 (Do not complete STEP 3)		
	3.		· ·		Write o	nly one case number in this space
3 Report	Income for ALL Household Members	(Skip this step if	f you answered 'Yes' to STEP	2)		
	A. Child Income			91711	How often?	
	Sometimes children in the household earn incom STEP 1 here.	ne. Please include t	the TOTAL income earned by all He	ousehold Members listed in	eekly Bi-Weekly 2x Month Monthly	
				\$	0 0 0	
what income to	B. All Adult Household Members (including List all Household Members not listed in STEP 1		f) even if they do not receive incon	ne. For each Household Member listed, if they do receive i	ncome, report total gross inc	ome (before taxes) for each
ere? page and carefully	source in whole dollars (no cents) only. If they do	o not receive incom	ne from any source, write '0'. If you How often?	u enter '0' or leave any fields blank, you are certifying (pro	-	ne to report.  How often?
charts titled Income" for	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Puduc Assistance/ Cintu	Pensions/Retirement/ All Other Income	Weekly Bi-Weekly 2x Month Monthly
nation.		\$	0 0 0 0	\$ 0000	\$	0 0 0 0
ces of Income for chart will help ne Child Income		\$	0 0 0 0	s 0 0 0 0	\$	0 0 0 0
				\$ 0000		
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art will help you		\$			s	
will help you dult		\$		s 0000	\$	0 0 0 0
ill help you ılt			0 0 0 0			0 0 0 0
vill help you ult	Total Household Members (Children and Adults)	\$ Last Four Digit:	ts of Social Security Number (SSN)	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	
art will help you l Adult	Total Household Members (Children and Adults)	\$ Last Four Digit:	0 0 0 0	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ S	0 0 0 0
hart will help you All Adult d Members		\$ Last Four Digit:	ts of Social Security Number (SSN)	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ S	
chart will help you All Adult Ild Members  Contact romise) that all informa	(Children and Adults)  information and adult signature	\$ Last Four Digit: Primary Wage	ts of Social Security Number (SSN) Earner or Other Adult Household N	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$ Check if no SSN	0 0 0 0
chart will help you All Adult old Members  Contact  romise) that all informa	(Children and Adults)  information and adult signature  tion on this application is true and that all income is reported.	\$ Last Four Digit: Primary Wage	ts of Social Security Number (SSN) Earner or Other Adult Household N	s O O O O O O O O O O O O O O O O O O O	\$ \$ Check if no SSN	0 0 0 0
Ant will help you all Adult d Members  4 Contact omise) that all informa, my children may lose	(Children and Adults)  information and adult signature  tion on this application is true and that all income is reported.	\$ Last Four Digit: Primary Wage	ts of Social Security Number (SSN) Earner or Other Adult Household N	\$ S O O O O O O O O O O O O O O O O O O	\$ \$ Check if no SSN	0 0 0 0
oromise) that all informa	(Children and Adults)  information and adult signature  tion on this application is true and that all income is reported meal benefits, and I may be prosecuted under applicable Sta	Last Four Digits Primary Wage  d. I understand that thate and Federal laws."	ts of Social Security Number (SSN) Earner or Other Adult Household I	\$ S O O O O O O O O O O O O O O O O O O	\$ \$ Check if no SSN (check) the information. I am awa	0 0 0 0

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INSTRUCTIONS

Sources of Income

Source of Inco	ome for Childen	Source of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earning from work	ing from work - A child has a job where they earn a salary or wages		- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local goverment - Alimony payments	- Social Securtity (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts aor estates	
ocial Security  - Disability Payments  - Survivor's Benefits  - Survivor's Benefits  - A child is blind or disabled and receives  Social Secrity benefits  - A Parent is disabled, retired, or deceased, and their child receives social security benifits		employment (farm or business) - Strike benefits  If you are in the U.S. Military:			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	- Child support payments - Veteran's benefits	- Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household	
-Income from any other source	- A child receives income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing			
this section is optional and does not affect this section is optional.	ino Not Hispanic or Latino		Native Hawaiian or Other Pac	cific Islander   White	
chnicity (check one): Hispanic or Lat ace (check one or more): American Induce (check one or more): American Induce Richard B. Russell National School Lunch Act requiring the information, but if you do not, we cannot appust include the last four digits of the social security not plication. The last four digits of the social security not ster child or you list a Supplemental Nutrition Assistal milies (TANF) Program or Food Distribution Program	tino Not Hispanic or Latino dian or Alaskan Native Asian E  irres the information on this application. You do not have prove your child for free or reduced price meals. You number of the adult household member who signs the number is not required when you apply on behalf of a nnce Program (SNAP), Temporary Assistance for Needy on Indian Reservations (FDPIR) case number or other	Persons with disabilities who requesting large print, audiotape, American supplied for benefits. Individuals we through the Federal Relay Service in languages other than English.  To file a program complaint of dis	ire alternative means of communicatic Sign Language, etc.), should contact t who are deaf, hard of hearing or have at (800) 877-8339. Additionally, progr scrimination, complete the USDA Pro	on for program information (e.g. Brai the Agency (State or local) where th speech disabilities may contact US am information may be made availa ogram Discrimination Complaint For	
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hnicity (check one): Hispanic or Lat ace (check one or more): American India e Richard B. Russell National School Lunch Act requigive the information, but if you do not, we cannot application. The last four digits of the social security notice child or you list a Supplemental Nutrition Assista milies (TANF) Program or Food Distribution Program PIR identifier for your child or when you indicate that as not have a social security number. We will use you e or reduced price meals, and for administration and Ary share your eligibility information with education, it do, or determine benefits for their programs, auditors up them look into violations of program rules. Succordance with Federal civil rights law and U.S. Departicies, the USDA, its Agencies, offices, and employees, orgams are prohibited from discriminating based on rae, political beliefs, or reprisal or retaliation for prior c funded by USDA.	tino Not Hispanic or Latino dian or Alaskan Native Asian  Eires the information on this application. You do not have opprove your child for free or reduced price meals. You number of the adult household member who signs the number is not required when you apply on behalf of a innee Program (SNAP), Temporary Assistance for Needy on Indian Reservations (FDPIR) case number or other at the adult household member signing the application our information to determine if your child is eligible for enforcement of the lunch and breakfast programs. We health, and nutrition programs to help them evaluate, is for program reviews, and law enforcement officials to our timent of Agriculture (USDA) civil rights regulations and and institutions participating in or administering USDA	Persons with disabilities who requal rege print, audiotape, American applied for benefits. Individuals withrough the Federal Relay Service in languages other than English.  To file a program complaint of dis (AD-3027) found online at: http://waletter addressed to USDA and proprior of the complaint form, call (8 mail: U.S. Department of Agoffice of the Assistant 1400 Independence Awashington, D.C. 2025	ire alternative means of communicatic Sign Language, etc.), should contact to who are deaf, hard of hearing or have at (800) 877-8339. Additionally, progrescrimination, complete the USDA Proww.ascr.usda.gov/complaint_filing_cus rovide in the letter all of the information 66) 632-9992. Submit your completed riculture  Secretary for Civil Rights renue, SW 0-9410	on for program information (e.g. Brait the Agency (State or local) where the speech disabilities may contact USI am information may be made availab ogram Discrimination Complaint For st.html, and at any USDA office, or writ	
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## FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective from July 1, 2019 to June 30, 2020

FREE MEAL SCALE						
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	16,237	1,354	677	625	313	
2	21,983	1,832	916	846	423	
3	27,729	2,311	1,156	1,067	534	
4	33,475	2,790	1,395	1,288	644	
5	39,221	3,269	1,635	1,509	755	
6	44,967	3,748	1,874	1,730	865	
7	50,713	4,227	2,114	1,951	976	
8	56,459	4,705	2,353	2,172	1,086	
For each additional family member, add	+ 5,746	+ 479	+ 240	+ 221	+ 111	

REDUCED-PRICE MEAL SCALE						
Household	Annual	Monthly	Twice Per	Every Two	Weekly	
Size			Month	Weeks		
1	23,107	1,926	963	889	445	
2	31,284	2,607	1,304	1,204	602	
3	39,461	3,289	1,645	1,518	759	
4	47,638	3,970	1,985	1,833	917	
5	55,815	4,652	2,326	2,147	1,074	
6	63,992	5,333	2,667	2,462	1,231	
7	72,169	6,015	3,008	2,776	1,388	
8	80,346	6,696	3,348	3,091	1,546	
For each additional family member, add	+ 8,177	+ 682	+ 341	+ 315	+ 158	