2019-2020 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

								Student?	Homeless
Definition of Household Member : "Anyone who is	Child's First Name	MI	Child's Last Nam	е			Grade	Yes No	Foster Migrant, F Child unaway
living with you and shares income and expenses, even									
if not related."									apply
Children in Foster care and children who meet the									all that
definition of Homeless, Migrant or Runaway are									Check all that
eligible for free meals. Read How to Apply for Free and									
Reduced Price School Meals for more information.									
STEP 2 DoanyHe	ouseholdMembers(includingyou)current	lyparticipateinoneo	rmoreofthefollowin	ngassistan	ceprograms:SNA	P,TANF,orFDPIR?			
_						Case Number:			
	IfNO >Goto STEP3. IfYE	ES>Writeacasenumbe	rherethengotoSTEP ²	1(Do <u>not cor</u>	nplete STEP 3)	Case Number.		Writeonlyonecaser	numberinthisspace.
STEP3 Reportin	ncomefor ALL Household Members (Skipthis	sstepifyouanswered	l'Yes'toSTEP2)					<u> </u>	
							How often?		
	A. Child Income Sometimes children in the household earn or	receive income.Please	e include theTOTAL inc	come receive	ed by all	Childincome Weekly	Bi-Weekly 2xMonth	Monthly	
	Household Members listed in STEP 1 here.				,	\$ 0	0 0	0	
A	B. All Adult Household Members (ind				. Fan anak Hawashal	d Managhan Bakada if Managhan da anabia			- (
Are you unsure what income to include here?	List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. 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 there is no income to report.								
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	EarningsfromWork	How often? Weekly Bi-Weekly 2xMor		PublicAssistance/Chil dSupport/Alimony	How often? WeeklyBi-Weekly 2xMonth Monthly	Pensions/Re AllOtherInco		How often? Bi-Weekly 2xMonth Monthly
of Income" for more information.	Tallie of Yaari Foodorida Horizoto (Friot and Zada)	\$) ()	\$		\$		
The "Sources of Income							·		
for Children" chart will help you with the Child		\$	0 0 0		\$	0 0 0 0	\$		0 0 0
Income section. The "Sources of Income		\$	000		\$	0 0 0 0	\$	0	0 0 0
for Adults" chart will help you with the All Adult		\$	0 0 0		\$	0 0 0 0	\$	0	0 0 0
Household Members section.		\$	000		\$	0 0 0 0	\$		0 0 0
	Total Ususahald Mambara	LastFourDigitsofSor	cialSecurityNumber(SS	N)of					
	Total Household Members (Children and Adults)		orOtherAdultHousehol		X X X	XX	Check if no SS	N 📙	
STEP 4 Contact	information and adult signature. Mail C	ompleted Form To	Sacred Heart Sch	nool 112 2	nd Ave SE Cullma	an Al 35055			
	ation on this application is true and that all income is repo						ahaak) tha informa	tion. Lam awara that	if I purposely give
	y lose meal benefits, and I may be prosecuted under app			nnection with i	ne receipt of Federal fun	as, and that school officials may verify (cneck) the informa	lion. I am aware mai	ii i purposeiy give
Street Address (if available)	Apt #	City	·	State	Zip	Daytime Phone and	Email (optional)	
Printed name ofadult signing	the form	Signature of ac	dult			Today's date			

SourcesofIncomeforChildren					
SourcesofChildIncome	Example(s)				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages				
Social Security Disability Payments Survivor's Benefits	- AchildisblindordisabledandreceivesSocialSecuritybenefits - AParentisdisabled,retired,ordeceased,andtheirchildreceivesSocialSecuritybenefits				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				

SourcesofIncomeforAdults					
EarningsfromWork	PublicAssistance/Ali mony/ChildSupport	Pensions/Retirement/A IIOtherIncome			
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basicpayandcashbonuses(doNOTincludecombatpay,FS SAorprivatizedhousingallowan ces) - Allowancesforoff-	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household			

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Children's Racial and Ethnic Identities

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We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.								
Ethnicity(checko checkoneormore	— American Indian or Alackan Nativo Asian	Black or African American						
not have to give the meals. Youmustinclu application. The last foster child or you lis Needy Families (TA number or other FD signing the applicati your child is eligible and breakfast programs to help the	ssell National School Lunch Actrequires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price dethelastfourdigitsofthesocialsecuritynumberoftheadulthouseholdmemberwhosignsthe four digits of thesocial security numberis not required whenyou apply onbehalf of a st a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for NF) Program or Food Distribution Program on Indian Reservations (FDPIR) case PIR identifier for your child or when you indicate that the adult household member on does not have a social security number. We will use your information to determine if for free or reduced price meals, and for administration and enforcement of the lunch arms. We MAY share your eligibility information with education, health, and nutrition em evaluate, fund, or determine benefits for their programs, auditors for program forcement officials to help them look into violations of program rules.	Personswithdisabilitieswhorequirealternativemeansofcommunicationforprograminformation(e.g.Braille,largeprin t,audiotape,AmericanSignLanguage,etc.),shouldcontacttheAgency(Stateorlocal)wheretheyappliedforbenefits.In dividualswhoaredeaf,hardofhearingorhavespeechdisabilitiesmaycontactUSDAthroughtheFederalRelayServicea t(800)877-8339.Additionally,programinformationmaybemadeavailableinlanguagesotherthanEnglish. Tofileaprogramcomplaintofdiscrimination,completetheUSDAProgramDiscriminationComplaintForm,(AD-3027)foundonlineat:http://www.ascr.usda.gov/complaint_filing_cust.html,andatanyUSDAoffice,orwritealettera ddressedtoUSDAandprovideintheletteralloftheinformationrequestedintheform.Torequestacopyofthecomplaint form,call(866)632-9992.SubmityourcompletedformorlettertoUSDAby: mail: U.S.DepartmentofAgriculture OfficeoftheAssistantSecretaryforCivil Rights1400IndependenceAvenue,SW Washington,D.C.20250-9410						
andpolicies,theUSD administeringUSDA	deralcivilrightslawandU.S.DepartmentofAgriculture(USDA)civilrightsregulations A,itsAgencies,offices,andemployees,andinstitutionsparticipatinginor programsareprohibitedfromdiscriminatingbasedonrace,color,nationalorigin,sex,disabilit taliationforpriorcivilrightsactivityinany programoractivityconductedor funded by USDA.	fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.						
Do notfill out								

Do notfill out ForSchoolUseOnly

Annual Income Conversion:	Weekly x 52 Every 2 Weeks	x 26, Twice a Month x 24 Monthly x	12		
7 miladi meeme Genvereiem	Howoften?	x 20, 1 mos a monar x 2 r monary x		Eligibility:	
Total Income	Weekly Bi-Weekly 2xMonth	Monthly Household Size		Free Reduced Denied	
	0 0 0	Categor	ical Eligibility	0 0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date