2017-2018 Meade County Schools Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

STEP 1 Li	ist ALL I	louseho	ld Memb	ers wh	no are	infants, o	childre	n, and	stude	nts up	to an	nd incl	ludin	g grade	12 (if	f mor	e spac	es ar	e requ	iired fo	or add	itional	names	s, attac	ch and	other	sheet	of pa	per)	
Definition of Househ	nold	Child'	s First Na	ame					MI	Chi	ld's L	_ast N	lame											Grade		Stude Yes	ent? No		Foster	Homeless, Migrant, Runaway
Member: "Anyone who is living with you and shares income and expenses, even if not related."																												Γ		
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Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School) 							1 -																			II that apply		
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Meals for more inforr																												L	Ш	
STEP 2 D	o any H	ousehol	d Membe	rs (inc	luding	g you) cu	rrently	partic	ipate ii	n one (or mo	ore of	the fo	llowing	j assi:	stan	ce pro	grams	s: SNA	AP, TA	NF, or	FDPIF	₹?							
If NO > Go to STEP 3. If YES >					\/\/rit	Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:																								
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STEP3 Re	eport Inc	ome for	ALL Hous	sehold	Memb	ers (Skip	this st	ep if yo	ou answ	vered'	Yes' t	to STE	P 2)																	
A. Child Income																		C	nild incon	ne	Wee		w often?		nthly					
						hold earn o EP 1 here.		ve inco	me. Plea	ase incli	ude the	e TOTA	AL inco	ome rece	eived b	y all			\$) C) () (
Are you unsure what income to include he		List all	Household	Membe	rs not	mbers (ir listed in ST (no cents)	EP 1 (i	ncludin	g yourse																					
Flip the page and rev		Name of Adult Household Members (First and Last)						Earnings	from Work	(We	Public Assistance/											is/Retirement/				How often?				
of Income" for more information.		Traine of	- Tadit i lodoc	- Ioid Wich	1) 61561	not and Edo	\$			()			0	\$					()		0	\$							0
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STEP 4 Co	ontact ir	formati	on and a	dult si	anatu	re																								
'I certify (promise) that a false information, my chi	all informati	on on this a	pplication is	true and	that all	income is rep					nation is	s given i	in conn	ection with	the red	ceipt o	f Federal	I funds,	and tha	school	officials	may verif	y (check)	the infor	mation.	. I am av	are that	t if I pur	posely (jive
Street Address (if ava	ailable)				Apt #			City						State			Zip			Da	ytime F	hone a	nd Emai	il (optior	nal)					

Today's date

Signature of adult

Sources of Income for Children									
Sources of Child Income	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	 - 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 								
-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								

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits 				
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 				

OPTIONAL Children's Racial and Ethnic Identities									
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 (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian	Black or African American								
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 is 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 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.								
Do not fill out For School Use Only									
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mon	thly x 12 Eligibility:								
Total Income Weekly Bi-Weekly 2x Month Monthly Household Size	Free Reduced Denied								
Ca	tegorical Eligibility O O								
Determining Official's Signature Date Confirming Official's Signatu	re Date Verifying Official's Signature Date								