## 2016-2017 Meade County Schools Application for Free and Reduced Price School Meals

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

STEP 1 List ALL	Household Members who are infants, chil	dren, and studen	ts up to and including grade 1	2 (if more spaces a	re required for additional nar	nes, attach anothe	r sheet of paper)
Definition of <b>Household</b>	Child's First Name	MI	Child's Last Name			(Franc	udent? Homeless  No Child Runawa
Member: "Anyone who is living with you and shares						Yes	No Child Runawa
income and expenses, even if not related."							
Children in Foster care and							all that apply
children who meet the definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are							Check all
eligible for free meals. Read How to Apply for Free and							5 <u></u>
Reduced Price School Meals for more information.							
STEP 2 Do any H	ousehold Members (including you) curre	ntly participate in	one or more of the following	essistance program	s: SNAP TANE or K-TAP or	FDPIR2	
	- Caronicia moniscio (monading yea) can el	iny partiolpato in		assistantes program			
	If NO > Go to STEP 3. If YE	S > Write a case	number here then go to STEP 4	Do not complete STE	Case Number:	VA/vita an	h
CTED 2 Deposit le		t : f				write on	ly one case number in this space
STEP 3 Report Inc	come for ALL Household Members (Skip thi	s step ir you answe	ered Yes to STEP 2)				
	A. Child Income				Child income Weekly E	How often? ii-Weekly 2x Month Monthly	
	Sometimes children in the household earn or re Household Members listed in STEP 1 here.	eceive income. Pleas	se include the TOTAL income receiv	red by all	\$ 0	0 0 0	
	B. All Adult Household Members (inclu						
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only						
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often?  Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony	How often?  Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often?  Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$	0 0 0 0	\$	0 0 0 0	\$	0 0 0 0
The "Sources of Income for Children" chart will		\$	0 0 0	\$		\$	0 0 0
help you with the Child Income section.		\$		\$		\$	
The "Sources of Income for Adults" chart will help			0 0 0 0			<u> </u>	0 0 0 0
you with the All Adult Household Members		\$	0 0 0 0	\$	0 0 0 0	\$	0 0 0 0
section.		\$	0 0 0 0	\$	0 0 0 0	\$	0 0 0 0
	Total Household Members (Children and Adults)		Social Security Number (SSN) of er or Other Adult Household Member	X X X	X X C	heck if no SSN	
	nformation and adult signature	al Lorente end the state		ha na acint of Earland for d			and the state of the same and the state of t
	ion on this application is true and that all income is reporte lose meal benefits, and I may be prosecuted under applic			ne receipt of Federal funds	s, and that school oπicials may verify (ch	eck) the information. I am	aware tnat it i purposely give
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and E	mail (optional)	
Printed name of adult signing	the form	Signature of a	dult		Today's date		

	Sources of income			
Sources of Income for Children				
Sources	s of Child Income	Example(s)	Earni	
- Earnings from	n work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wa	
	ity sability Payments rvivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	- Net incomemployment business)  If you are in	
-Income from person outside the household -Income from any other source		- A friend or extended family member regularly gives a child spending money	- Basic pay ar (do NOT includ	
		- A child receives regular income from a private pension fund, annuity, or trust	FSSA or private allowances - Allowances housing, food a	
OPTIONAL	Children's Racial and Ethn	ic Identities		
We are required	d to ask for information abo	ut your children's race and ethnicity. This info	rmation is impo	

Sources of Income for Adults					
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)  If you are in the U.S. Military:	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits     Regular income from     trusts or estates			
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	Child support payments     Veteran's benefits     Strike benefits	<ul> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>			

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to the Ethnicity (check of	this section is optional and does not affect your children's eligibility for fre	rmation is important and helps to make sure we are fully serving our community. e or reduced price meals.  Black or African American  Native Hawaiian or Other Pacific Islander  White
not have to give the meals. You must inc signs the application. behalf of a foster chi Assistance for Need (FDPIR) case numb member signing the determine if your chi the lunch and break nutrition programs to program reviews, ar In accordance with F and policies, the US administering USDA	ssell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price blude the last four digits of the social security number of the adult household member who in the last four digits of the social security number is not required when you apply on ild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary by Families (TANF) Program or Food Distribution Program on Indian Reservations are or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to ild is eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for ad law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	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.
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Annual Income	Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Mont	hlv x 12

	How often?		,	o a Month A 24 Monthly A 12				
Total Income	Weekly Bi-Weekly 2x Month Monthly Hou		Household Size		Free	Reduced Den	ied	
	0 0 0	$\bigcirc$	Categorical Elig	ibility	0	0 (		
Determining Official's Signature	re Date		Confirming Official's Signature	Date	Ve	Verifying Official's Signa		e Date