2020-21 Florence Five Household Application for Free and Reduced-Price School Meals

Apply on line at www.flo5.k12.sc.us

STEP 1 List ALL	Household Members who are infants, chil	dren, and students	s up to and including grade 12 (if more spaces are required for additional name	es, attach another sheet of paper)
Definition of Household Member : "Anyone who is living with you and shares	Child's First Name	МІ	Child's Last Name	Grade Student? Foster Migrant, Yes No Child Runaway
income and expenses, even if not related."				
Children in Foster care and children who meet the				
definition of Homeless , Migrant or Runaway are eligible for free meals. Read				C C C C C C C C C C C C C C C C C C C
How to Apply for Free and Reduced-Price School Meals for more information.				
STEP 2 Do any H	lousehold Members (including you) curre	ntly participate in o	one or more of the following assistance programs: SNAP, TANF, or FDPIR?	Circle one YES NO
	If NO > Go to STEP 3. If YE	S > Write a case r	number here then go to STEP 4 (Do not complete STEP 3)	
			L	Write only one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip thi	s step if you answe	red 'Yes' to STEP 2)	
Are you unsure what	A. Child Income Sometimes children in the household earn or re Household Members listed in STEP 1 here. B. All Adult Household Members (inclu		e include the TOTAL income received by all	How often? /eekly 2x Month Monthly
Flip the page and review			even if they do not receive income. For each Household Member listed, if they do receive inc e income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying	
the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from Work	How often? How often? Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly Bi-Weekly 2x Month	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly
The "Sources of Income		\$	0 0 0 0 \$ 0 0 0 0	\$ 0 0 0 0
for Children" chart will help you with the Child Income section.		¢	0 0 0 0 s	
The "Sources of Income for Adults" chart will help		\$		\$ s
you with the All Adult Household Members section.		\$		\$ 0 0 0 0
		\$	○ ○ ○ ○ \$	\$ 0 0 0 0
	Total Household Members (Children and Adults)		cial Security Number (SSN) of or Other Adult Household Member $X X X - X X -$	Check if no SSN
STEP 4 Contact i	nformation and adult signature			
"I certify (promise) that all informa			information is given in connection with the receipt of Federal funds, and that school officials may verify (chec ws."	k) the information. I am aware that if I purposely give
Street Address (if available)	Apt #	City	State Zip Daytime Phone and Em	ail (optional)
Printed name of adult signing	the form	Signature of ad	ult Today's date	

Sources of Inc	Sources of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	 Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, for the unit of the transformation of	- Unemployment benefits - Worker's compensation	 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
 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 		 Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike 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	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		

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 Native Hawaiian or Other Pacific Islander White

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

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26. Twice a Month x 24 Monthly x 12

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not All prohibited bases apply to all programs).

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <u>https://www.ocio.usda.gov/document/ad-3027</u>, from any USDA office by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted by 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; or fax: (833) 256-1665 or (202) 690-7442; email: program.intake@usda.gov This institution is an equal opportunity provider.

Do not fill out For School Use Only

Total Income	How often? Weekly Bi-Weekly 2x Month M O O O O	Household Size Categorical Eligibility	Eligibility: Free Reduced Denied O O O	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date