## 2024-2025 Application for Free and Reduced-Price School Meals

• • •		e use a pen (not a pencil)				
STEP 1 List ALL	infants, children, and st	udents up to and includi	ng grade 12 in your	household (if more spaces are	required for additional names,	attach another sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are	Child's First Name		MI Child	's Last Name	School	Access and the same of the sam
STEP 2 Do any H	lousehold Members (inc		•	more of the following assist		NF, or FDPIR? Circle one: Yes / No
STEP 3 Report I	ncome for ALL Housel	hold Members (Skip this	sten if you answered '	Yes' to STEP 2)		Write only one case number in this space.
Are you unsure what income to include here?  Flip to the back of this application and review the charts titled "Sources of Income" for more information.  The "Sources of Income for Children" chart will help you with the Child Income Section.  The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.	B. All Adult Household National List only the Adult Household National Nati	Members (including yours Members (including yourself) eve se in whole dollars only. If they do	self) en if they do not receive o not receive income from How ofter	income. For each Household Membe any source, write '0'. If you enter '0' o	r listed, if they do receive income, r	report total GROSS income (amount before taxes entifying (promising) that there is no income to report All Other Income  \$
	C. Total Household Men (Children and Adults)			ecurity Number (SSN) of ner Adult Household Member	xxxx	Check if no SSN
"I certify (promise) that all informatic connection with the receipt of Fede	ral funds, and that school officials ma lose meal benefits, and I may be pro	all income is reported. I understand the averify (check) the information. I am secuted under applicable State and Fe	nat this information is given in aware that if I purposely give	200 E. Mitchell Dr. Phoeni  Eligibility: Free Reduced  Determining Official's Signature	OFFICE USE ONLY Denied	□Error Prone
Printed name of adult completing the Street Address (if available)		Daytime Phone and Email (optional)	State Zip	□Income Application □Homele Household Size: Total Income: Per: □	ss/Migrant/Runaway  Week □Bi-Weekly (Every 2 Weel  firming Official's Signature:	ks) □2x Month □Monthly □Annual □ Date: Date:

Sources of Income for Children				
Type of Income	Examples			
Earnings from work	A child has a job where they earn a salary or wages.			
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.			
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.			
Income from any other source	A child receives income from a private pension fund, annuity or trust.			

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

## **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):

☐ Not Hispanic or Latino

## Race (check one or more):

☐ American Indian or Alaskan Native ☐ As	sian 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.

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain 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: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, 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 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; or fax: (833) 256-1665 or (202) 690-7442;

or email:Program.Intake@usda.gov

This institution is an equal opportunity provider.