2022-2023 Application for Free and Reduced-Price School Meals

Complete one applicati	on per household. Please use a pen	(not a pencil).			
STEP1 List ALL	infants, children, and students up to	and including grade 12 in your h	household (if more spaces are required	for additional names, attach another sh	eet of paper)
Definition of Household	Child's First Name	MI Child'	's Last Name	School Name	Homeless, Foster Migrant, Child Runaway
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					all that apply
definition of Homeless, Migrant or Runaway are eligible for free meals.					Check
STEP 2 Do any H	lousehold Members (including you)	currently participate in one or r	more of the following assistance pr	ograms: SNAP, TANF, or FDPIR?	Circle one: Yes / No
	If you answered NO > Complete STEP 3.	If you answered YES > Write a case	e number here then go to STEP 4 (Do not co	mplete STEP 3) Case Number:	
STEP 3 Report I	ncome for ALL Household Membe	are (Skin this stan if you answered "	Ves' to STEP 2)	Write only	y 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.	A. Child Income Sometimes children in the household earn inco Household Members listed in STEP 1 here. B. All Adult Household Members (includicated and deductions) for each source in whole dollar Name of Adult Household Members (First and Last) C. Total Household Members	cluding yourself) ing yourself) even if they do not receive i	ncome. For each Household Member listed, if any source, write '0'. If you enter '0' or leave and Public Assistance/ Child Support/Alimony \$	they do receive income, report total GROSS ir by fields blank, you are certifying (promising) the How often? Weekly 2x Month Monthly All Other Income \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	hat there is no income to report How often? Weekly Bi-Weekly 2x Month Monthly O O O O O O O O O O O O O O O
STEP 4 Contact	(Children and Adults) information and adult signature	Primary Wage Earner or Oth	er Adult Household Member Phoenix Modern 200 E. Mitchell		0 33N
I certify (promise) that all information	on on this application is true and that all income is reported funds, and that school officials may verify (check) the lose meal benefits, and I may be prosecuted under appl	ted. I understand that this information is given in e information. I am aware that if I purposely give	Eligibility: Free Reduced Denied Determining Official's Signature:	OFFICE USE ONLY	□Error Prone
Signature of adult completing the for Printed name of adult completing the		d Email (optional)	□Income Application □Homeless/Migrar	n □Directly Certified: Date of Disregard: nt/Runaway Bi-Weekly (Every 2 Weeks) □2x Month □M	
Street Address (if available)	Apt# City	State Zip	□ Selected For Verification: Confirming Of Follow-Up Official's Signature:	ficial's Signature: 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. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates					
- 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 - Strike benefits	- 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):										
\square American Indian or Alaskan Native	\square Asian	\square Black or African American	\square 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: program.intake@usda.gov.

This institution is an equal opportunity provider.