

**2020-2021 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at \_\_\_\_\_**

**STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (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 eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?		Foster Child	Homeless, Migrant, Runaway
							Yes	No		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?**

If **No**, go to **STEP 3**. If **Yes**, write a case number here, then go to **STEP 4**. (**Do not complete STEP 3**.)

Case Number: \_\_\_\_\_

Write only one case number in this space.

**STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)**

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income	
Weekly	2x Monthly
\$ _____	\$ _____

**B. All Adult Household Members (Including Yourself)**  
List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings From Work		How Often		Public Assistance/ Child Support/ Alimony	How Often		Pensions/Retirement/All Other Income	How Often	
	Weekly	2x Monthly	Weekly	2x Monthly		Weekly	2x Monthly		Weekly	2x Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN

**STEP 4: Contact information and adult signature**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone and E-Mail (Optional) \_\_\_\_\_

Printed Name of Adult Signing the Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_

Today's Date \_\_\_\_\_

# INSTRUCTIONS Sources of Income

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full- or part-time job where he/she earns a salary or wages</li> </ul>
<ul style="list-style-type: none"> <li>Social Security                             <ul style="list-style-type: none"> <li>Disability payments</li> <li>Survivor's benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives social security benefits</li> <li>A parent is disabled, retired, or deceased, and his/her child receives social security benefits</li> </ul>
<ul style="list-style-type: none"> <li>Income from persons <i>OUTSIDE</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>A friend or extended family member <b>REGULARLY</b> gives a child spending money</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives income from a private pension fund, annuity, or trust</li> </ul>

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li><i>NET</i> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses</li> <li><i>(do NOT include combat pay, FSSA, or privatized housing allowances)</i></li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li><b>REGULAR</b> cash payments from outside household</li> </ul>

## 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.

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: [How to File a Complaint](http://www.usda.gov), 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](mailto: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 12, Monthly x 12

Total Income	How Often?	Household Size	Eligibility:
Determining Official's Signature	Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Confirming Official's Signature	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Date	Date	Date	Date
Verifying Official's Signature	Verifying Official's Signature	Verifying Official's Signature	Verifying Official's Signature

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

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Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.*** Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

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***No! I DO NOT*** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked **No**, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call your child's school.

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