## 2022-2023 Prototype Household Application for Free and Reduced Price School Meals

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

Printed name of adult signing the form

Apply online (if applicable):

Today's date

tion of <b>Household</b>	Child's First Name		MI	Child's	Last Name								Gr	ade	Stu Yes	dent? No		Foster	Homele: Migran Runaw
'Anyone who is you and shares																			
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chool formation.																			
Do anuli			to to a		ana af tha falla				on CNI	D TAI	IC on C	NDID2							
Do any H	ousehold Members (including you) curre	ntiy participat	te in o	ne or m	ore of the folio	owing assis	tance pr	ogram	is: SNA	AP, IAI	NF, Or FL	PIK?							
	NO > Go to STEP 3	ES > Write a	case r	number h	nere then go to S	STEP 4 <u>(</u> Do <u>n</u>	ot comple	ete STE	<u>EP 3</u> )	Ca	se Numl	er:							
														\	Write only	y one ca	ase num	ber in th	is space
3 Report Ir	come for ALL Household Members (Skip th	is step if you a	answei	red 'Yes	' to STEP 2)														
	A. Child Income											ſ	How o						
	Sometimes children in the household earn or r	receive income.	Please	include	the TOTAL incom	ne received by	all		. г	hild incor	ne	Weekly	Bi-Weekly	2x Month	Monthly				
												( )							
	Household Members listed in STEP 1 here.								\$			0	0	0	$\cup$				
nsure what	B. All Adult Household Members (incl			even if th	ney do not receive	e income. For	each Hou	ısehold	. [	r listed,	if they do	receive	income,	, report t	otal gros	ss incor	me (bel	ore taxe	es)
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Signature of adult

**Determining Official's Signature** 

Sources of Income for Children									
Sources of Child Income	Example(s)								
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages								
<ul><li>Social Security</li><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	<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>								
-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								

Date

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: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments     Child support payments     Veteran's benefits	- 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							

Verifying Official's Signature

Date

	OPTIONAL	Children's Racial and Ethnic	dentities								
	•		loes not affect your child	dren's eligibility f	or free or reduce					rving our community. Pacific Islander   Whi	te
	not have to give the meals. You must inc signs the application. behalf of a foster ch Assistance for Neec (FDPIR) case numb member signing the determine if your ch the lunch and break nutrition programs to program reviews, ar In accordance with I and policies, the US administering USDA	ssell National School Lunch Act re information, but if you do not, we calcude the last four digits of the social secuild or you list a Supplemental Nutritic by Families (TANF) Program or Fooder or other FDPIR identifier for your application does not have a social selid is eligible for free or reduced price fast programs. We MAY share your on help them evaluate, fund, or determent of law enforcement officials to help the federal civil rights law and U.S. Depa DA, its Agencies, offices, and emplo a programs are prohibited from discriprisal or retaliation for prior civil rights.	annot approve your child for freecurity number of the adult house unity number is not required whom Assistance Program (SNAP at Distribution Program on India child or when you indicate that security number. We will use you meals, and for administration eligibility information with education benefits for their program them look into violations of programment of Agriculture (USDA) of the syees, and institutions participal minating based on race, color,	e or reduced price ehold member who hen you apply on '), Temporary in Reservations to the adult household our information to an and enforcement of eation, health, and s, auditors for gram rules.  Livil rights regulations ting in or national origin, sex,	large pri applied i through available <b>To file a</b> Form, (a office, or form. To USDA b mail:	nt, audiotape, America for benefits. Individuals the Federal Relay S in languages other that program complaint of AD-3027) found online a write a letter addresse request a copy of the y: U.S. Department of	in Sign Language, et is who are deaf, hard itervice at (800) 877 an English.  In discrimination, co at: http://www.ascr.used to USDA and prove complaint form, call of Agriculture stant Secretary for Case Avenue, SW 20250-9410 add.gov.	tc.), should l of hearing 7-8339. Ac omplete the sda.gov/co ride in the l (866) 632-	d contact the gor have sedditionally, be USDA Promplaint_filinetter all of the 19992. Substitute of the promplaint of the 19992.	on for program information (e.g. Bhe Agency (State or local) where speech disabilities may contact uprogram information may be regram Discrimination Complainting_cust.html, and at any USDA the information requested in the omit your completed form or letter  *Only use this address if yare filing a complaint of discrimination	e they JSDA made
	Do not fill out	For School Use Only									
Δ	nnual Income (	Conversion: Weekly x 52, Ev	rery 2 Weeks x 26, Twic	e a Month x 24 i	Monthly x 12		Eligibilit	ty:			
1	otal Income	Weekly		sehold Size			Free Reduced	Denied			

Categorical Eligibility

Date

Confirming Official's Signature

INSTRUCTIONS In	come Eligibility Guidel	ines Ju	ıly 1, 2022 t	to June 30, 2	2023							
						INCOME E	LIGIBILITY G	UIDELINES				
				⊟ffecti	ve from		July 1, 202	2 to	June 30, 20	)23		
			REDUCED	PRICE MEA	LS - 185 %		FREE MEALS - 130 %					
HOUSEHOLD					TWICE PER	EVERY TWO				TWICE PER	EVERY TWO	
SIZE	ANNUAL		ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
,	7 - 7	48 CC	NTIGUOUS	STATES, DI	STRICT OF	COLUMBIA, G	SUAM, AND	TERRITORIES	3			
1	13,590		25,142	2,096	1,048	967	484	17,667	1,473	737	680	340
2	18,310		33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
3	23,030		42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576
4	27,750		51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694
5	32,470		60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812
6	37,190		68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930
7	41,910		77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048
8	46,630		86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166
For each add'l family member, add	4,720		8,732	728	364	336	168	6,136	512	256	236	118
					ALAS	KΔ					à-	
1	16,990		31,432	2.620	1,310	1,209	605	22.087	1,841	921	850	425
2	22,890		42,347	3,529	1,765	1,629	815	29,757	2,480	1,240	1,145	573
3	28,790		53,262	4,439	2,220	2,049	1,025	37,427		1,560	1,440	720
4	34,690		64,177	5,349	2,675	2,469	1,235	45,097	3,759	1,880	1,735	868
5	40,590		75,092	6,258	3,129	2,889	1,445	52,767	4,398	2,199	2,030	1,015
6	46,490		86,007	7,168	3,584	3,308	1,654	60,437	5,037	2,519	2,325	1,163
7	52,390		96,922	8,077	4,039	3,728	1,864	68,107		2,838	2,620	1,310
8	58,290		107,837	8,987	4,494	4,148	2,074	75,777	6,315	3,158	2,915	1,458
For each add'I family												
member, add	5,900		10,915	910	455	420	210	7,670	640	320	295	148
	*		(A)		HAW	All	,		•			
1	15,630		28,916	2,410	1,205	1,113	557	20,319	1,694	847	782	391
2	21,060		38,961	3,247	1,624	1,499	750	27,378		1,141	1,053	527
3	26,490		49,007	4,084	2,042	1,885	943	34,437	2,870	1,435	1,325	663
4	31,920		59,052	4,921	2,461	2,272	1,136	41,496	3,458	1,729	1,596	798
5	37,350		69,098	5,759	2,880	2,658	1,329	48,555	4,047	2,024	1,868	934
6	42,780		79,143	6,596	3,298	3,044	1,522	55,614	4,635	2,318	2,139	1,070
7	48,210		89,189	7,433	3,717	3,431	1,716	62,673	5,223	2,612	2,411	1,206
8	53,640		99,234	8,270	4,135	3,817	1,909	69,732	5,811	2,906	2,682	1,341
For each add'l family member, add	5.430		10.046	838	419	387	194	7,059	589	295	272	136