## Household Application for Free and Reduced-Price School Meals 20

| Child First Name   | MI                          | Child Last Name  | Birth Date (MM/DD/  | YY) Grade   | ,   | Foster Child Runau                              | way Homele                            | ess Migran           |
|--|-----------------------------|--|---|---|---|---|---------------------------------------|----------------------|
|  |                             |  |   |   | Check all that apply. Refer to instructions for info on categories. |   |                                       |                      |
| o any household members re   | eceive SNAP, TANF/          | CO Works, or FDPIR benefits?   | If <b>YES</b> , list case number  | and go to S1                                      | EP 3 Case #   |   | IF <b>no</b> ,                        | go to STEP 2         |
| ist all adults in your househol<br>for more information.           | ld. Report their <b>tot</b> | ehold members, includ<br>al gross income. If an adult d  | pes not have income, w  | . ,   |   | our home that receiv                            |                                       |                      |
| irst and last<br>ame of household<br>nembers                       | Earnings<br>from work       | Weekly Every 2 Weeks Twice a Monthly   | Public Assistan Child Support/ Alimony  | Weekly Every 2 Weeks                              | Twice a<br>Month<br>Monthly<br>Annually                             | Retirement/All other income                     | Weekly<br>Every 2<br>Weeks<br>Twice a | Month Monthly        |
|  | \$                          |  | \$  |   |   | \$  |                                       |                      |
|  |                             |  | \$  |   |   | \$  |                                       |                      |
|  | <b>\$</b>                   |  | \$  |   |   | \$  |                                       |                      |
|  | \$                          |  | \$  |   |   | \$  |                                       |                      |
|  | \$                          |  | \$  |   |   | \$  |                                       |                      |
| Total Number of Ho<br>Members (All children<br>that live in your l | and adults                  | "I certify my children are n<br>that all information on this<br>connection with the receip<br>if I purposely give false info<br>Federal laws." | ot receiving Summer EE<br>application is true, and<br>t of Federal funds, and | BT benefits in<br>that all incor<br>that school ( | ne is reported. I u<br>officials may verif                          | nderstand that this in<br>Y (check) the informa | nformation is g<br>ation. I am awd    | jiven in<br>are that |
| Last four digits of Soc<br>Number. Not requi<br>Summer EBT         | red for                     | Mailing Address or PO Box  | City  | State   | Zip Code  | Email Address                                   |                                       |                      |
| Check box if no Security Numb                                      |                             | Home or Cell Phone Number  | n SIG   | SNATURE OF F                                      | dult Household M  | lember (Required)                               |                                       |                      |
|  |                             | Printed First and Last Name  | e of Signer   |   |   | Today's Date                                    |                                       |                      |

Continue to page 2

| STEP 4: Release of Informa The details you give on this form will be  |  | ns and mau be shared with Med  | dicaid or State Children's Health Insurance Program (SCHIP) offices. |  |  |  |
|---|--|--|--|--|--|--|
| <b>DO NOT</b> share information with (  |  |  |  |  |  |  |
| Share my information with the following programs I've checked:  | Advanced Placement (AP) Exam ar  Accelerate College Opportunity Ex   |  |  |  |  |  |
| Return completed applicati  | on to:   |  |  |  |  |  |
| <b>OPTIONAL:</b> Children's Ethn<br>Racial Identities   | nic and Ethnicity: (check one)   | : Hispanic or Latino   | not Hispanic or Latino   |  |  |  |
| We are required to ask for informatic<br>your children's race and ethnicity. Re<br>is optional and does not affect your o<br>eligibility for free or reduced-price m  | sponding Race (check one or m children's   | more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  |  |  |  |  |
| but if you do not submit all needed your child for free or reduced pricinclude the last four digits of the soprimary wage earner or other aduapplication. The social security numfor Summer EBT or on behalf of a fourtrition Assistance Program (SNAI Needy Families (TANF) Program or Reservations (FDPIR) case number a child or when you indicate that the the application does not have a socinformation to determine if your of price meals, and for administration and breakfast programs. We may swith education, health, and nutrition fund, or determine benefits for the | do not have to give the information, information, we cannot approve a meals or Summer EBT. You must ocial security number of the lit household member who signs the ober is not required when you apply oster child or you list a Supplemental P), Temporary Assistance for Food Distribution Program on Indian or other FDPIR identifier for your adult household member signing tial security number. We will use your nild is eligible for free or reduced and enforcement of the lunch share your eligibility information on programs to help them evaluate, peir programs, auditors for program cials to help them look into violations | regulations and policies, this color, national origin, sex (increprisal or retaliation for prin languages other than Engloommunication to obtain program or USDA's TARGET the Federal Relay Service at Complainant should complet which can be obtained onlin OASCR%20P-Complaint-Forn calling (866) 632-9992, or by a complainant's name, address discriminatory action in suff (ASCR) about the nature and form or letter must be submof the Assistant Secretary (20250-9410; or 2. Fax: (833) 25 institution is an equal opportant and the submof the submof the submof the submof the submof the submof the and the submof the submo |  |  |  |  |
|   |  | NLY. DO NOT WRITE BELO   |  |  |  |  |
| Application Type  Total Household Income: \$  | Annual Income Conversion: Weekly  Household Size   | Application Status  Approved Free Reduced  |  |  |  |  |
| Household Income Frequency U  | Jeekly 🗌 Every Two Weeks 🔲 Twice a M   | Denied Over Income Guidelines Incomplete/Missing   |  |  |  |  |
| Categorical Eligibility   |  | Notes:   |  |  |  |  |
| SNAP FDPIR TAN  | F Foster Homeless/Migrant/I  | Runaway/Head Start   |  |  |  |  |
| Determining Official Signature:   | Approva  | l / Denial Date:   | Notification Sent:   |  |  |  |
| Λο  | te: All types of income must be com  | nbined in total household inc  | ome, not just earnings from work.                                    |  |  |  |