



## INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete ONE application for ALL children in the household who are in school** using the following instructions. Sign the application and return to any school in the division or the school nutrition office. Call the school nutrition office if you need help.

**A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

### **IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.

**Parts 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

### **IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.

**Part 4:** Complete this part. See instructions for All Other Households, Part 4, below.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

### **IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

**Part 1:** List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.

**Parts 2, 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

**If one or more children in the household are foster children and other children in the household are not foster children:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

### **ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 are 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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