

2019-20 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Please Complete One Application Per Household

Part 1. All Household Members										
Names of ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	Name of Each Child's School and their Grade in School or Indicate NA if Child is NOT in School	Place a check in the box if NO income	SNAP	TANF	SNAP or TANF Case # (not EBT card #)					

Part 2. Place a check in the box below if a child listed above is a foster child, homeless, migrant, runaway, or head start child
 Foster Child Homeless Migrant Runaway Head Start

Part 3. Total Household Gross Income—You must tell us how much and how often.

A. Name (List ONLY household members with income)	B. List income and circle how often it's received. Record each income only once. (A – Annually, M – Monthly, BM - Bi-monthly, W - Weekly, BW - Bi-weekly)																			
	Earnings from work before deductions					Welfare, child support, alimony				Pensions, retirement, Social Security				Other						
	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
1.	\$					\$					\$					\$				
2.	\$					\$					\$					\$				
3.	\$					\$					\$					\$				
4.	\$					\$					\$					\$				
5.	\$					\$					\$					\$				

Part 4. Signature and Last Four Digits of the Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her last four digits of the Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program and Medicaid agencies as part of the state's participation in Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: x _____ Print name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ E-mail Address: _____
 Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number Date: _____

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other: _____
 Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Don't fill out this part. This is for district/school use only.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12
 Total Income: \$ _____ Per: Week; Every 2 Weeks; Twice a Month; Month; Year Household Size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Verifying Official's Signature: _____ Date: _____

USDA is an equal opportunity provider and employer.
(revised 6/2018)

INSTRUCTIONS FOR APPLYING

If your household receives SNAP or TANF or if a child is a *FOSTER CHILD, HOMELESS, MIGRANT, RUNAWAY OR HEAD START*, follow these instructions:

- Part 1:** List all household members and the name of the school for each child(ren) and check column indicating SNAP or TANF and list case number.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digit of the Social Security Number are not necessary.
- Part 5:** Answer this question if you choose to.

All OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List all household members and the name of the school for each child(ren).
- Part 2:** Check the appropriate box, if any.
- Part 3:** **Total Household Gross Income—You must tell us how much and how often.**
Follow these instructions to report total household income from last month.
Column A - Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B - Last month's gross income and how often it was received: Next to each person's name list each type of income received last month and circle the letters indicating how often it is received. For example, *Earnings from work*: List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security, (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column include Workers' Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C - Check if no income: If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). **Income Eligibility Guidelines 2019 - 2020**

Household size	(1) Free meals – 130%					(2) Reduced price meals – 185%				
	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1.....	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2.....	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3.....	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4.....	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5.....	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6.....	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
7.....	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8.....	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	5,746	479	240	221	111	8,177	682	341	315	158