	County Schools Household A on per household. Please use a pen	• •	Free and Redu	ced-Price		leals Application # nline: https://campus.henr	y.k12.ga.us/c	:ampus/portal/	 <u>henry.jsp</u>
STEP 1 List ALL I	Household Members who are infants, cl	nildren, and students	s up to and including	grade 12 (if r	nore spaces a	re required for additional na	ımes, attach aı	nother sheet of	paper)
Definition of Household	Child's First Name	MI	Child's Last Name				Grade	Student? Yes No	Homeless, Foster Migrant, Child Runaway
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									
How to Apply for Free and Reduced Price School									
Meals for more information.									
STEP 2 Do any H	ousehold Members (including you) curr	ently participate in o	one or more of the fo	llowing assist	tance progran	ns: SNAP, TANF, or FDPIR?			
	If NO > Go to STEP 3.	'ES > Write a case r	number here then go to	STEP 4 (Do <u>no</u>	ot complete STE	Case Number:		Vrita anhy ana agas	number in this space.
STEP 3 Report Inc	come for ALL Household Members (Skip t	his sten if you answer	red 'Ves' to STEP 2)				V	vrite only one case	number in this space.
SIEPS REPORTIN	•	msstep ii you unswei	ed les tosiel 2)				How often?		
	A. Child Income Sometimes children in the household earn of	receive income. Please	include the TOTAL inco	me received by	all	Child income Weekly	Bi-Weekly 2x Month N	Monthly	
	Household Members listed in STEP 1 here. B. All Adult Household Members (inc	cluding voursolf)				\$	0 0	O	
Are you unsure what income to include here?	List all Household Members not listed in STE for each source in whole dollars (no cents) o	P 1 (including yourself)							
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month		blic Assistance/	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Retir	ement/	How often? Weekly 2x Month Monthly
of Income" for more information.		\$	0 0 0	\$		0 0 0 0	\$		0 0 0
The "Sources of Income for Children" chart will		\$	0 0 0	S		0 0 0 0	\$		0 0 0
help you with the Child Income section.		\$	0 0 0	S .		0 0 0	\$		0 0 0
The "Sources of Income for Adults" chart will help		\$		S .		0 0 0 0	\$		0 0 0
you with the All Adult Household Members		\$		S .			\$		0 0 0
section.							Ψ		0 0 0
	Total Household Members (Children and Adults)		ocial Security Number (SS r or Other Adult Househol	N) of d Member	x x x	x x	Check if no SSN		
STEP 4 Contact in	nformation and adult signature. Subm	it Completed Form	To: School Nutrition	Manager at 0	Child's Schoo	I.			
"I certify (promise) that all informati	ion on this application is true and that all income is repo	rted. I understand that this	information is given in conne			_	heck) the information	on. I am aware that if	I purposely give
false information, my children may	lose meal benefits, and I may be prosecuted under app	olicable State and Federal la	aws."						
Street Address (if available)	A - 4 II	City			Douting Phane and				
Street Address (if available)	Apt #	City		State	Zip	Daytime Phone and	<u>- шан (орнопаі)</u>		
Printed name of adult signing	the form	Signature of ad	ult			 Today's date			

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			
Social SecurityDisability PaymentsSurvivor's Benefits	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 			
-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			

S	ources of Income for Ad	duits		
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 Strike 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		

OPTIONAL	Children's Racial and Ethnic Identities
OFIIONAL	Unilgren's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for fr	
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
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	Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sig Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
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	To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

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.

(FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture mail:

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(833) 256-1665 or (202) 690-7442; or fax:

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 24 Monthly x 12 How often? Eligibility:							
Total Income		fonthly Household Size		Free Reduced Denied			
	0 0 0	Categorical Eli	gibility	0 0 0			
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date		