_	County Schools Household Ap	-	d Reduced Pric		Applicat		
OTED 4	on per household. Please use a pen (n						ampus/portal/henry.jsr
STEP 1 List ALL	Household Members who are infants, child	dren, and students up to and	including grade 12 (if	more spaces are require	ed for additional nam	es, attach another	
Definition of Household	Child's First Name	MI Child's La	st Name			Grade Stu	dent? Homeles Foster Migrant, Child Runawa
Member: "Anyone who is living with you and shares income and expenses, even							
if not related."							apply
Children in Foster care and children who meet the							all that apply
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) currer	ntly participate in one or more	of the following assi	stance programs: SNAP	, TANF, or FDPIR?		
	If NO > Go to STEP 3. If YE	S > Write a case number here	then go to STEP 4 (Do r	not complete STEP 3)	Case Number:		
						Write onl	y one case number in this space
STEP 3 Report Inc	come for ALL Household Members (Skip this	s step if you answered 'Yes' to	STEP 2)				
	A. Child Income					How often?	
	Sometimes children in the household earn or re Household Members listed in STEP 1 here.	eceive income. Please include the	TOTAL income received b		income Weekly Bi-1	Weekly 2x Month Monthly	
	B. All Adult Household Members (inclu	ıdina vourself)		Ψ		0 0 0	
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only	1 (including yourself) even if they					
Flip the page and review		Н	ow often?	Public Assistance/	How often?	Pensions/Retirement/	How often?
the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from Work Weekly Bi-Wi		Child Support/Alimony Weekly Bi-V	Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Month
The "Sources of Income			\$			\$	0 0 0 0
for Children" chart will help you with the Child		\$ 0	\$		0 0 0	\$	0 0 0 0
Income section. The "Sources of Income		\$ 0	\$		0 0 0	\$	0 0 0 0
for Adults" chart will help you with the All Adult		\$ 0	\$		0 0 0	\$	0 0 0 0
Household Members section.		\$ 0	\$		0 0 0	\$	0 0 0 0
	Total Household Members	Last Four Digits of Social Security		x x x x x	Ch	neck if no SSN	
	(Children and Adults)	Primary Wage Earner or Other Adu	It Household Member	X X X X X X		LCCK II 110 CON	
STEP 4 Contact in	nformation and adult signature. Submit	Completed Form To: School	Nutrition Manager at	Child's School.			
	ion on this application is true and that all income is reporte lose meal benefits, and I may be prosecuted under applic		iven in connection with the rec	ceipt of Federal funds, and that so	hool officials may verify (che	ck) the information. I am	aware that if I purposely give
laise information, my children may	lose meal benefits, and i may be prosecuted under applica	able State and Federal laws.					
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and En	nail (optional)	
(12.2.2.3.3)					,	7-1 ·	
Printed name of adult signing	the form	Signature of adult			Today's date		

Application #

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			

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 Rental income Regular cash payments from outside household

OPTIONAL Children's	s Racial and Ethnic Identities	
	is optional and does not affect your children's eligibility for fre Hispanic or Latino Not Hispanic or Latino	rmation is important and helps to make sure we are fully serving our community. ee or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the information, be meals. You must include the last for signs the application. The last four behalf of a foster child or you list a Assistance for Needy Families (T/FDPIR) case number or other FD member signing the application of determine if your child is eligible for the lunch and breakfast programs nutrition programs to help them exprogram reviews, and law enforce In accordance with Federal civil rigand policies, the USDA, its Agenciadministering USDA programs are disability, age, or reprisal or retaliafunded by USDA.	School Lunch Act requires the information on this application. You do not ut if you do not, we cannot approve your child for free or reduced price our digits of the social security number of the adult household member who digits of the social security number is not required when you apply on a Supplemental Nutrition Assistance Program (SNAP), Temporary ANF) Program or Food Distribution Program on Indian Reservations PIR identifier for your child or when you indicate that the adult household be not have a social security number. We will use your information to or free or reduced price meals, and for administration and enforcement of We MAY share your eligibility information with education, health, and valuate, fund, or determine benefits for their programs, auditors for ment officials to help them look into violations of program rules. This law and U.S. Department of Agriculture (USDA) civil rights regulations es, offices, and employees, and institutions participating in or exprohibited from discriminating based on race, color, national origin, sex, ation for prior civil rights activity in any program or activity conducted or	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, (AD-3027) found online at: 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.
Do not fill out For Sci	nool Use Only	
Annual Income Conversior	n: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mont How often? Weekly B. Weekly 2 Month Month Household Size	thly x 12 Eligibility:

Annual Income Conversion: Weekly	x 52, Every 2 Weeks x	26, Twice a Month x 24 Monthly x 12		Eligibility:	
	How often?			Eligibility.	
Total Income	Weekly Bi-Weekly 2x Month M	2x Month Monthly Household Size		Reduced Denied	
	0 0 0	Categorical Eligibil	lity 🗌	0 0	
Determining Official's Signature	Date	Confirming Official's Signature	Date Ve	erifying Official's Signature	Date