2017-2018 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL	- Household Members who are infants, ch	ildren, and stude	nts up to and	d includin	ig grade	12 (if mo	ore spac	es are rec	uired f	or additior	al name	s, attach	another	' sheet	of pa	per)	
Definition of Household	Child's First Name	МІ	Child's L	ast Name								Grade	Stu Yes	udent? No		Foster	Homeless Migrant, Runaway
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 definition of Homeless ,															all that apply		
Migrant or Runaway are eligible for free meals. Read															Check		
How to Apply for Free and Reduced Price School Meals for more information.																	
	Household Members (including you) curre	ently participate i	n one or mo	re of the f	ollowing	, accieta	nce prov	arams: SN		NE or ED							
	nouschold members (melduling you) curre				onowing	103515101		jranis. or									
	If NO > Go to STEP 3. If Y	ES > Write a cas	e number her	e then go t	o STEP 4	(Do <u>not (</u>	complete	<u>STEP 3</u>)	Ca	ase Numbe	r:		Write onl	y one ca	se num	ber in th	is space
STEP 3 Report I	ncome for ALL Household Members (Skip th	nis step if you answ	vered 'Yes' to	o STEP 2)													,
	A Child Income										Но	ow often?	·				
	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Plea	income. Please include the TOTAL income received by all						Weekly Bi-We	ekly 2x Month	Monthly						
	B. All Adult Household Members (inc	luding yourself)						\$			0 0		0				
Are you unsure what income to include here?	List all Household Members not listed in STEF for each source in whole dollars (no cents) on																
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 Monthly			Public Assistance/ Child Support/Alimony Week		How often? Bi-Weekly 2x Month Monthly		thly	Pensions/Retire All Other Incom				th Monthly	
of Income" for more information.		\$	0	0 0	0	\$		0	0	0 0) \$;		0	0	0	0
The "Sources of Income for Children" chart will		\$	0	0 0	0	\$		0	0	0 0) \$;		0	0	0	0
help you with the Child Income section.		\$	0	0 0	0	\$			0	0 0) \$;		0	0	0	0
The "Sources of Income for Adults" chart will help		\$	0	0 0	0	\$		0	0	0 0) \$;		0	0	0	0
you with the All Adult Household Members section.		\$	0	0 0	0	\$		0	0	0 0) \$;		0	0	0	0
	Total Household Members	Last Four Digits o	of Social Securit	y Number (S	SSN) of						Cho	ck if no SS					
	(Children and Adults)	Primary Wage Ear	rner or Other Ad	dult Househo	old Membe	er X	X X	XX			Chee	.K II 110 33					
STEP 4 Contact	information and adult signature. Turn in	n or mail complet	ted form to:	BROOKF	<u>IELD R</u>	<u>3 SCHOO</u>	OLS, AT	<u>TN: KARI</u>	EN JAC	<u>CKSON, 12</u>	4A PERS	<u>SHING R</u>	OAD, BI	ROOKI	FIELD	, MO (6 <u>4628</u>
	ation on this application is true and that all income is repor ay lose meal benefits, and I may be prosecuted under appl			given in con	nection with	the receipt	t of Federal	funds, and th	at school	officials may v	erify (check) the informa	ition. I am a	aware the	at if I pur	rposely g	live
Street Address (if available)	Apt #	City			State		Zip		Da	aytime Phone	e and Ema	il (optional	i)				
Printed name of adult signing	a the form	Signature of	adult							oday's date							
	J	C.g. ataro O							10								

Sources of Ind	come for Children	Sources of Income for Adults						
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	- Social Security (including railroad				
 Social Security Disability Payments Survivor'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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 				

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):	Hispanic or Latino					
Race (check one or more	e): American Indian	or Alaskan Native 🗌] Asian 🛛 🗌	Black or African American	Native Hawaiian or Other Pacific Islander 🔲 Wł	nite

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 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, (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 School Use Only

Annual Income Conversion: Weekly	x 52, Ev	/ery 2	Week	s x 26	, Twice a Month x 24 Monthly x 1	2		Eligibilit			
		How	often?				y:				
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied		
	0	0	\bigcirc	\bigcirc	Categoric	al Eligibility	0	0	0		
Determining Official's Signature	0	Date		(Confirming Official's Signature	Date	Ve	rifying	Official's Signature	Date	