

# FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

**PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL **Brenda Smith 928-314-1918****  
 HOMELESS  MIGRANT  RUNAWAY  **If completing this section, fill out Box A and Box B in Part 2.**

## PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.												
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number and <b>skip to Part 3.</b>	Check if a foster child (legal responsibility of welfare agency or court) <b>If completing this section skip to Part 3.</b>	Check if NO income	<b>TOTAL HOUSEHOLD GROSS INCOME</b>												
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)												
					Earnings From Work before deductions					All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)							
						How much	How Often			How much	How Often						
							wk	bi-wk	mo	bi-mo	yr		wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	

**Box G. If Part 2. Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)**

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

**PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)**

*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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name here: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

**Choose one ethnicity:**  
 Hispanic/Latino  
 Not Hispanic/Latino

**Choose one or more (regardless of ethnicity):**  
 Asian  
 American Indian or Alaska Native  
 Black or African American  
 White  
 Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. THIS IS FOR 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: \_\_\_\_\_  
 Error-Prone  Case # Application  Categorically Eligible  
 Directly Certified – Attach to match result  Selected for Verification (see attachments)

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Notice Sent: \_\_\_\_\_  
 Date Withdrawn: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2013-2014			
Household size	Yearly	Monthly	Weekly
1	\$21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
Each additional person:	+7,437	+620	+144

Information Statement: This explains how we will use the information you give us.

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.

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). USDA is an equal opportunity provider and employer.