2022-23 Stephens County Household Application for Free and Reduced Price School Meals

																			-			ŀ	Homeles
Definition of Household	Child's First Name			MI	Child's	s Last	Name										G	rade	Stu Yes	udent? No		Foster	Migran Runaw
Member: "Anyone who is iving with you and shares ncome and expenses, even																							
if not related."																					apply		
Children in Foster care and children who meet the																					all that		
definition of Homeless , Migrant or Runaway are																					Check a		
eligible for free meals. Read How to Apply for Free and Reduced Price School																					0		
Meals for more information.																							
STEP 2 Do any H	lousehold Members (including you) curre	ently pa	articipa	ate in c	one or r	nore o	f the fo	ollowing	g assi	stan	ice pro	ogra	ms: SN	AP, TA	NF, or	FDPIR	?						
														6	se Nu	mhor.							
	If NO > Go to STEP 3. If YI	ES >	Write a	case r	umber l	nere the	en go to	STEP	1 <u>(</u> Do <u>i</u>	not c	omplet	te S	<u>EP 3</u>)	Ca	se nu	nber:			Write on	ly one ca	ise num	ber in thi	s spac
STEP 3 Report In	ncome for ALL Household Members (Skip th	nis step i	if you a	answei	ed 'Ye	s' to ST	EP 2)																
	· · · ·		·				· ·										How	often?					
	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all										2x Month	Monthly											
	Household Members listed in STEP 1 here.									,			\$			C	\bigcirc	\bigcirc	\bigcirc				
Are you unsure what	B. All Adult Household Members (incl List all Household Members not listed in STEF				ovon if t	hov do r	not roco	ivo incor	no Fo	r 0.20	h Hous	robol	d Mombr	r listod	if thou		incom	o roport	total are	es incor	no (ho	oro taxa))
income to include here?	for each source in whole dollars (no cents) on					e from a	ny sour							ields bla	ank, you						incom	e to rep	
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earr	nings from	n Work	Weekly		often? 2x Month	Monthly			Assistano Support/A		Weekly	How Bi-Weekly		Monthly		ensions/Re		Weekly		v often? Iy 2x Month	n Mont
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
help you with the Child Income section.		\$				0	0	0	\$					0	\bigcirc	0	\$				\bigcirc	0	0
The "Sources of Income for Adults" chart will help		\$					0	0	\$						0	0	\$						
you with the All Adult Household Members						0	0		- L					0	0	0					0		
section.		\$			0	0	0	0	\$				0	0	0	0	\$			0	0	0	
	Total Household Members (Children and Adults)				ocial Sec or Othe		•	SN) of Id Memb	ər	Х	X >	Х	x x				Check	if no SS	N				
	(-I]							
				rm To	: Steph	iens C	ounty	High S	<u>ichoc</u>	<u>)</u>													
STEP 4 Contact i	information and adult signature. <u>Send C</u>	Comple	ted Fo																				· · · · ·
certify (promise) that all information	tion on this application is true and that all income is report	ted. I und	derstand	that this	informatio	n is give	n in conn	ection wit	n the re	ceipt o	of Feder	ral fun	ds, and tha	t school (officials r	nay verify	(check) th	ie informa	tion. I am	aware tha	at if I pu	posely gi	ve
certify (promise) that all information		ted. I und	derstand	that this	informatio	n is giver	n in conn	ection with	n the re	ceipt o	of Feder	ral fur	ds, and tha	t school	officials r	nay verify	(check) th	e informa	tion. I am	aware tha	at if I pu	posely gi	ve
certify (promise) that all information	tion on this application is true and that all income is report	ted. I und licable Sta	derstand f	that this	informatio	n is give	n in conn	ection with	n the re		of Feder	ral fur	ds, and tha				(check) th			aware tha	at if I pu	posely gi	ve
certify (promise) that all informa Ise information, my children may	tion on this application is true and that all income is report y lose meal benefits, and I may be prosecuted under appli	ted. I und licable Sta	derstand	that this	informatio	n is give	n in conn		n the re			ral fun	ds, and tha							aware tha	at if I pu	posely gi	ve

Sources of Inc	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 interest 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.

	Hispanic or Latino				
Race (check one or more	American Indian	or Alaskan Native	🗌 Asian	Black or African American	Native Hawaiian or Other Pacific Islander 🗌 White

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 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, Every 2 Weeks x How often?	26, Twice a Month x 24 Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Me	Household Size	Free	e Reduced Denied	
	0 0 0 0	Categorical Eligi	bility 🗌 🔿	$) \circ \circ$	
Determining Official's Signature	Date	Confirming Official's Signature	Date V	/erifying Official's Signature	Date