

CONFIDENTIAL INCOME STATEMENT HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

1. List **all children** living with you. Include any income received and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**.

Child's Last Name	Child's First Name	MI	Foster Child	Date of Birth	Child Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does the student receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.			
											Basic Food	TANF	FDPIR	
					\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$						Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List the names of all other household members - Please enter all household income and CHECK how often it is received. If you write a case number, skip to **Section 4**. If your income exceeds the income eligibility guidelines for your household size, check this box N/A. Sign and return this form.

Names of ALL other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Frequency				Welfare, Child Support, Alimony	Frequency				Pensions, Retirement, Social Security (SSI)	Frequency				Any Other Income Not Already Listed	Frequency				Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.			
				Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly		Basic Food	TANF	FDPIR
			\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case # _____
			\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case # _____
			\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case # _____
			\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case # _____
			\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case # _____

3. Total Household Members (include all people living in your household): _____

4. **Signature and Social Security Number** – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds. I understand my child's eligibility status may be shared as allowed by law. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult Household Member _____		
Mailing Address _____		Street Address _____
City & Zip Code _____	Home Phone _____	Work/Cell Phone _____

Last 4 digits of your social security number: _____	
OR, if you do not have a social security number, check the box: <input type="checkbox"/>	
Adult Household Member Signature _____	Date _____
Email Address _____	

5. Children's Racial And Ethnic Identities (Optional)

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Privacy Act 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 (Basic Food), 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.

**OFFICIAL USE ONLY
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

SPONSOR APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child (categorically free)

Total Household Size _____

Total Household Income \$ _____

Income Approved by (check one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date

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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.