

2020-2021 Free and Reduced Price School Meal Family Application

PART 1. All Household members who are Infants, children, and students up to and including grade 12.

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL Children (infants, children, and students up to and including grade 12.) First, Middle Initial, Last	School Name for Each Child	Grade	Foster Child

PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. *If NO ONE receives these benefits, skip to Part 3.*

Name: _____ Case Number: _____

PART 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Phone number of your school, homeless liaison, migrant coordinator, and Head Start coordinator.]

homeless migrant runaway Head Start

PART 4. Total Household Gross Income. You must tell us how much and how often.

Alaska Permanent Fund Dividend (PFD) Enter the number of ALL household members who QUALIFY for PFD's even if part or all the check was garnished.

Issued October 2019: _____ PRIOR to 1/1/21
Issued October 2020: _____ AFTER 1/1/21

Gross income how often it was received (Annual; Weekly; Every 2 Weeks; Twice A Month; or Monthly) If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Please report Income in "Whole Dollars" when possible

Name (List ALL Adults and children in the household with income.)	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - John Smith</i>	<i>\$1500 / E</i>	<i>\$250 / M</i>	<i>\$ 0</i>	<i>\$0</i>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

TOTAL HOUSEHOLD MEMBERS (Children and Adults): _____ **Last Four Digits Of Social Security Number (SSN) Of Primary Wage Earner Or Other Adult Household Member: * * * - * * *** _____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

PART 5. Signature (An adult household member must sign the application.)

Contact Information and adult signature "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Date Received (internal use): _____

PART 6. 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

The most recent Eligibility Chart may be viewed at: [USDA Income Eligibility Guidelines for Child Nutrition Programs](#)**School Use Only**

Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify

Total household members receiving PFDs _____ x \$1,606.00 = _____ (2019)

Applications received after 1/1/21 - Household members receiving PFDs _____ x \$ _____ = _____ (2020)

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Sub Total Income: _____ Household size: _____

PFD income: _____ TOTAL Income: _____

Categorical Eligibility: _____ (Free)

Income Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature (appeal): _____ Date: _____

For more information about calculating household income see the **Eligibility Guidance Manual for School Meals****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 social security number of the adult household member who signs the application. 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:

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, religious creed, disability, age, political beliefs, 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, audiotope, 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 language other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [complaint filing](#), or 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.

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