

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Whiteford Agricultural Schools** offers healthy meals every school day. Breakfast costs **\$1.10**; lunch costs **\$2.75 (elem) or \$3.10 (middle/high)**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the **Food Assistance Program (FAP)**, **Family Independence Program (FIP)**, or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2021-2022

Household Size	Annually	Monthly	Weekly
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail: **Scott Huard (734-856-1443, ext. 101); Scott.Huard@whiteford.k12.mi.us, homeless liaison / migrant coordinator.**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Business Office, Whiteford Schools, 6655 Consear Rd., Ottawa Lake, MI 49267. Phone: 734-856-1443, ext. 106.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Marisa Tebbe-Cousino, Business Office, 734-856-1443, ext. 106, Marisa.Tebbe-Cousino@whiteford.k12.mi.us** immediately.

5. **CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able.** The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.lunchapp.com> to begin or to learn more about the online application process. Contact **Marisa-Tebbe-Cousino, Business Office, 734.856.1443, ext. 106**, Marisa.Tebbe-Cousino@whiteford.k12.mi.us if you have any questions about the online application.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 19, 2021.** You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Scott Huard (734-856-1443, ext. 101)**; Scott.Huard@whiteford.k12.mi.us.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY, DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application. Contact Marisa-Tebbe-Cousino@whiteford.k12.mi.us; 734-856-1443, ext 106 to receive a second application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US.

If you have other questions or need help, call **734-856-1443, ext. 106**.

Michelle Strick
CFO

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Whiteford Agricultural Schools. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact: Marisa Tebbe-Cousino@whiteford.k12.mi.us, 734-856-1443, ext. 106.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Whiteford Agricultural Schools, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Whiteford Agricultural Schools? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Whiteford Agricultural Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF) or Family Independent Program (FIP).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Department of Human Services, 903 E. Telegraph Rd., Monroe, MI 48161; 734.243.7200.
Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o Gross income is the total income received before taxes.
 - o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.
What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Infants, Children and students already listed in STEP 1.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: Whiteford Agricultural Schools, Attn: Business Office, 6655 Consear Rd., Ottawa Lake, MI 49267

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

Cafeteria Meal Payment Guidelines

2021-2022 School Year

Whiteford Schools utilizes a computerized sale system for all cafeteria sales. This system – called **Meal Magic®** – benefits the school, staff, students and parents alike.

DEPOSITS TO ACCOUNTS: For efficiency in moving students/staff through the serving line in a timely manner, students/staff will need to pre-pay for their meals. Deposits to individual accounts can be made in any denomination (i.e., \$10, \$20, \$50 or more) or based on individual meal prices (i.e., 10 days at \$2.75 / \$3.10 = \$27.50 / \$31.00). All deposits need to be made at the school by cash or check. Deposit envelopes and secure bins for dropping off deposits are located outside the elementary cafeteria, high school office and middle school staff lounge.

If you have more than one child in the school district, you only need to write one check for their school meals, regardless of which building(s) they are in. Simply indicate on the deposit envelope the names of the children, student ID numbers and how much you want in each account. We can split funds evenly between family/household members (i.e., \$60 split between three children = \$20 towards each account) or designated amounts by child. If there is no designation on the envelope, deposits will be split evenly between family/household members.

Deposits made between the hours of 7:00 a.m. – 11:00 a.m. will be applied to accounts that day; deposits made after 11:00 a.m. will become available the following business day. It's important that students/staff drop off deposits before the start of the school day. It is recommended that students/staff deposit money in their account to cover 2 weeks or more of food purchases at a time.

ACCOUNT BALANCES: Account balances can be viewed 24 hours a day/7 days a week online at the website listed below (a link to this site is also available on the district's website (OUR DISTRICT / FOOD SERVICE / then scroll down to the right under the IMPORTANT LINKS heading). Balances will be carried over from one school year to the next.

<https://mealmagic.whiteford.k12.mi.us/MealMagic/mylunchaccount/>

LOW BALANCE / NEGATIVE BALANCE NOTICES: Students are notified by the cashier each time they pass through the serving line when their account balance drops below \$5.00 or if the student has overdrawn their account. A reminder email will also be sent via the Meal Magic® system to the primary contact of affected students on Wednesday and Saturday evenings to assist parents in keeping sufficient funds in their child's account. To receive these notices, parents should make sure there is an active email associated with the primary contact of their child(ren) either through Home Access Center or the respective building office.

(Parents should regularly keep track of their student's account balance via the above website as they may run low on funds at other times during the week.)

CASH WITHDRAWALS/TRANSFERS: Account balances will stay with the individual until the individual leaves the school district. No cash withdrawals are allowed from any account for any reason during the school year. Cash transfers between family members are discouraged except in situations where a student is in the negative at the end of the school year and a family member has sufficient funds to cover the shortage. Balances on accounts in excess of \$10.00 will be refunded to individuals who leave the district or graduate, if a request is made in writing by the parent and a mailing address is provided.

CHANGE RETURN GUIDELINE:

- ♦ Elementary Students: The district has implemented a “no change” guideline for students in the elementary building. Any student presenting cash for a transaction will not have change returned to them; it will be applied to their individual account.
- ♦ Middle/High School Students: Students are discouraged from presenting cash for transactions. It is suggested that students in the middle/high school also have their “change” applied to their individual accounts. Change will only be given if requested.

ALTERNATE MEAL: Students will be provided with an alternate meal that meets all established dietary requirements should they not have adequate funds to purchase a meal for the day; however, parents are responsible for the cost of any alternate meals provided to their child(ren). These balances must be paid in full as soon as possible. No other cash transactions are allowed until an outstanding balance is paid (i.e., ala carte sales). ***There will be no exceptions to this guideline.***

FREE & REDUCED-PRICE MEAL APPLICATIONS: Families are encouraged to submit applications for free or reduced priced meals any time the family financial situation changes. If you have an Internet connection available, you may complete the application online at www.lunchapp.com. A link to this site is also available on the district's website (OUR DISTRICT / FOOD SERVICE / then scroll down to the right under the IMPORTANT LINKS heading). This secure online application method will speed up the processing of your application.

Please keep in mind that changes in eligibility status are not final until approved by the appropriate district official. You will receive written notification of the status of your application when processed.

If a student qualified for free or reduced-price meals at the end of last school year, they will automatically receive free or reduced-price meals until October 15th. To continue for the remainder of the school year, a new application must be completed for each **family** wishing to receive free or reduced-price meals.

PIN NUMBER – MS/HS STUDENTS: Students in grades 6-12 will need to know their 5-digit student ID number, which will also serve as their PIN number. As students appear at the register, they simply key in their PIN number and their account information will appear on the cashier's register screen, along with a photo of the student and pertinent information (i.e., account balance).

SECOND (2ND) MEALS: Students desiring a second meal during the meal period (whether they qualify for free or reduced meals or not) will be allowed to purchase an additional meal; however, it will be charged at the full meal rate.

Thank you for your cooperation with our food service point of sale system guidelines. Questions should be directed to the Business Office at 734.856.1443, ext. 106.

2021-2022 Household Application for Free and Reduced-Price School Meals

Apply online:

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information. PLEASE PRINT

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).

Case Number: _____ (Write only one case number in this space)

STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)

Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by

Child Income

How Often? Please put an X

Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. 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 PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/ Alimony/Child Support	How Often?	Pensions/Retirement/ All Other Income	How Often?					
		Weekly	Bi-Weekly	2x Month	Monthly	Annually	Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults) _____	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____	Check if no SSN <input type="checkbox"/>									

STEP 4: Contact information and adult signature; Mail Completed Form to: Whiteford Agricultural Schools, 6655 Consear Rd., Ottawa Lake, MI 49267

"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."

Street Address (if available)

Apt#

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Signing Form

Signature of Adult

Today's Date

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's Benefits	
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Cash assistance from State or local government -Supplemental Security Income (SSI) -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -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 child(s) eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ **Hispanic or Latino**☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native

Aslan

☐ **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 programs to help them evaluate, fund, or determine benefits for their programs. auditors for program reviews, and law enforcement officials to help them investigate 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, 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 (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](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) (https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oasrc/how-to-file-a-program-discrimination-complaint) (<https://www.usda.gov/oasrc/how-to-file-a-program-discrimination-complaint>), 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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or
(3) 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 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ **Household Size:** _____

Weekly _____ Monthly _____ Annually _____

Bi-Weekly _____ 2x Month _____

Household Size: _____
Annually

Categorical Eligibility:

Eligibility:	Free	Reduced	Denied
--------------	------	---------	--------

Determining Official's Signature

Date _____

Confirming Official's Signature

Date _____

Verifying Official's Signature

Date _____