
INSTRUCTIONS FOR APPLYING

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 **Heritage Elementary School**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Heritage Elementary School, Lisa Gerberry. 623-472-3956**

Please remember to **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school in **Heritage Elementary**, mark the box next to the district name.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under either foster or homeless, migrant, runaway.

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Yes- Mark the box or boxes that represent the program someone in your household receives assistance through. Then, list the case number in the large box labeled Case Number and **go to step 4.**

No- Leave this section blank and proceed to step 3.

STEP 3-HOUSEHOLD INCOME INFORMATION

- A. **Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" shown below and report the combined gross income for all children listed in step 1 in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- a. Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Sources of Child Income	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> • Disability payments • Survivor 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.
Income from persons <i>outside</i> the household	A friend or extended family member <i>regularly</i> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

- B. **Adult Household Members and Income-** 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 STEP1.

Report gross income (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Adult Income		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Salary, wages, cash bonuses	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Net income from self-employment	Workers Compensation	Private Pensions or disability
Strike benefits	Supplemental Security Income (SSI)	Income from trusts or estates
For military families: Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	Cash Assistance from state or local government	Annuities and Investment Income
Allowances for off-base housing, food and clothing	Alimony payments	Earned Interest
	Child support payments	Rental Income
	Veteran's benefits	Regular cash payments from outside household

- C. **Total number of household members and SSN.** List the total number of people in your household (all adults and children), and the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4: Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Provide your contact information including your address 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 providing it helps us reach you quickly if we need to contact you.

Sign and print your name, and write in the date.

OPTIONAL INFORMATION

The back of this application provides a section for 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.

The back also provides a place for you to give or deny permission for the school to share your information with other programs that may also be able to provide you with resources for your children. Read this information and check Yes for each program you give the school permission to share your information with. Check the box next to NO if you do not want the school to share your contact information with these other programs.

Include a parent or guardian signature and date at the bottom of the page.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

Application for Free and Reduced-Price School Meals Heritage Elementary

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

2015-2016

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Application is complete
 Determining Official's Signature: _____ Date: _____
 Determined Eligibility: FREE REDUCED PAID ERROR-PRONE?
 Selected for Verification
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

NOTES: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 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 the 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.

Child's First Name	MI	Child's Last Name			
			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if child is a student at Heritage Elementary

Check box if child is a Foster Child or Runaway

Homeless, Migrant, Runaway

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

SNAP TANF FDPIR

If **NO** > Complete STEP 3. If **YES** > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3)

Write only one case number in this space. **Case Number:** _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

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 income for each source in whole dollars 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X _____ Check if no SSN

STEP 4 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."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

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.

Ethnicity (check one):

- Hispanic or Latino
- Not 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

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Application for Free and Reduced-Price School Meals may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.**

- NO! I **DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with **Title One, Heritage Elementary**
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with **Special Education, Heritage Elementary**
- Yes! I **DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with

If you checked yes to any or all of the boxes above, fill-in the information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____
 Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____
 Printed Name: _____ Address: _____

For more information, you may call **Sharie Banbury** at or e-mail at banbury@cox.net.
Return this form to: 6805 N. 125th Ave. Glendale, AZ 85307 by 7/24/15.

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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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