# 2022-2023 Application for Free and Reduced-Price School Meals

Internal Use Only: APPLICATION #

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

STEP1 List ALL	infants, children, and students up to and includi	ng grade 12 in you	r household (if more spaces are required	d for additional names, attach another sheet of pap	er)			
	Child's First Name	MI Chil	d's Last Name	School Name	Homeless, Foster Migrant, Child Runaway			
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,								
					all tha			
Migrant or Runaway are eligible for free meals.					Chec			
STEP 2 Do any I	lousehold Members (including you) currently p	articipate in one o	r more of the following assistance p	rograms: SNAP, TANF, or FDPIR? Circle on	e: Yes / No			
	If you answered NO > Complete STEP 3. If you ans	wered YES > Write a c	ase number here then go to STEP 4 (Do not co	omplete STEP 3) Case Number:				
			<u> </u>	Write only one case n	umber in this space.			
STEP 3 Report	ncome for ALL Household Members (Skip this	step if you answered	l 'Yes' to STEP 2)					
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn income. Please inclu Household Members listed in STEP 1 here.		income earned by all Children Child GROSS	income How often? Weekly Bi-Weekly 2x Month Monthly				
Flip to the back of this application and review the charts titled "Sources	B. All <u>Adult</u> Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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.							
of Income" for more information.	Name of Adult Household Members (First and Last) GROSS Eamings from	How off Work Weekly Bi-Weekly	Public Assistance/	How often? Pensions/Retirement/ i-Weekly 2x Month Monthly All Other Income Weekly Bi-	How often? Weekly 2x Month Monthly			
The "Sources of Income for Children" chart will	\$				000			
help you with the Child Income Section.	\$	$\square \bigcirc \bigcirc$	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$		$\bigcirc \bigcirc \bigcirc \bigcirc$			
The "Sources of Income for Adults" chart will help you with the Adult	\$	$\boxed{\bigcirc \bigcirc}$	<u> </u>	<u> </u>	$\overline{0000}$			
Household Members Income Section.	\$		<u>○ ○</u> \$ <u>○</u> ○		$\bigcirc \bigcirc \bigcirc \bigcirc$			
/			Security Number (SSN) of ther Adult Household Member	X X Check if no SSN				
STEP 4 Contact information and adult signature Mail Completed Form to: : HES Williams 790 Rodeo Rd. Williams AZ 86046								
"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." Eligibility: Free Reduced Denied								
			Determining Official's Signature:	Date:				
Signature of adult completing the f	Today's date	1	Case # Application       Income Application         Income Application       Homeless/Migrant/Runaway					
Printed name of adult completing t	ne form Daytime Phone and Email (optional)		Household Size: Total Income: Per: DWeek	Bi-Weekly (Every 2 Weeks) □2x Month □Monthly □A	nnual			
			Selected For Verification: Confirming O	fficial's Signature: Date:				
Street Address (if available)	Apt # City	State Zip	Follow-Up Official's Signature:	Date:				

### INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults			
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>	
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.	- Net income from self- employment (farm or business) If you are in the U.S. Military:	- Workers Compensation - Supplemental Security Income (SSI)	<ul> <li>Private Pensions or disability</li> <li>Regular income from trusts or estates</li> </ul>	
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.	- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	- Cash Assistance from State or local government	- Annuities - Investment Income	
Income from persons outside the household	A friend or extended family member <i>regularly</i> gives a child spending money.	-Allowances for off-base housing, food and clothing	<ul> <li>Alimony payments</li> <li>Child support payments</li> </ul>	- Earned Interest - Rental Income	
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Veteran's benefits - Strike benefits	- 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.

### 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

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 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4.

This institution is an equal opportunity provider.

email: program.intake@usda.gov.