

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name

Child's Last Name

Application for Free and Reduced Entry Fee

Complete one application per household. Please .

STEP 1

List ALL Household Members who are infants, children, and students u

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STEP 2

Report Income for ALL Household Members

Weekly Bi-Weekly 2x Month Monthly

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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.

	Earnings from Work				Public Assistance/ Child Support/Alimony	A. Child Income				Pensions/Retirement/ All Other Income				
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
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Sometimes children in the household earn income. Please include the TOTAL income listed in STEP 1 here.

Name of Adult Household Members (First and Last)

\$
\$
\$
\$

Street Address (if available)

City

State

Zip

Total Household Members (Children and Adults)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is aware that if I purposely give false information, my children may lose entry benefits.

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 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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