

2023-2024 Application for Free and Reduced-Price School Meals

You can complete this application online at https://www.myschoolapps.com/Application

OFFICE	USE ONLY
pplication Number:	

LIST ALL	infants, children, and si	tudents up to and including	g grade 12 in your r	iousenoia (ir more spaces ar	e required for additional na	ames, attach another sheet of pape	(1)
	Child's First Name		MI Child'	s Last Name	Sc	hool Name	Foster Migrant, Child Runawa
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 ,						t tat	
Migrant or Runaway are eligible for free meals.						4.0 2.0 2.0 2.0 2.0 2.0 3.0 4.0 4.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5	
STEP 2 Do any	Household Members (in	cluding you) currently pa	rticipate in one or n	nore of the following assis	tance programs: SNAI	P, TANF, or FDPIR? Circle one	Yes / No
20 any	If you answered NO > Com			e number here then go to STEP 4	-	Case Number:	1007110
	ii you answered NO > 00m	ipicio o i Li o	orda 120 · Willo a dade	o nambor nore than go to 0 12i - 1	(Be not complete e 121 o)	Write only one case nun	 ober in this space
STEP 3 Report	Income for ALL House	Phold Members (Skip this s	tep if you answered '\	Yes' to STEP 2)		White only one case han	iber iir tille optice.
Are you unsure what income to include here? Flip to the back of this application and review the charts titled "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 Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.	Household Members listed in B. All Adult Household List only the Adult Household	Members (including yourse Members (including yourself) even ce in whole dollars only. If they do ors (First and Last) SROSS Earnings from V \$ \$ \$ \$ \$ \$	elf) In if they do not receive in not receive income from a How often?	some carried by all criniden specific carried by all crinical carr	er listed, if they do receive incor leave any fields blank, you How often? Weekly Bi-Weekly 2x Month Month One of the control of the contr	Pensions/Retirement/ All Other Income \$	
OTED 4	Members			er Adult Household Member	x x x x x	Check if no SSN	
STEP 4 Contact in	nformation and adult sig	gnature <u>Mail Completed</u>	Form to: 220 W. Ko	rtsen Road Casa Grande, A	Z 85122 or give comple	ted form to your child's schoo	<u>cafeteria.</u>
connection with the receipt of Fed	leral funds, and that school officials m y lose meal benefits, and I may be pro	at all income is reported. I understand that hay verify (check) the information. I am at osecuted under applicable State and Fed	ware that if I purposely give	Eligibility: Free Reduced_ Determining Official's Signatur Case # Application Control Foster	Application □Directly Cei	Date:	□Error Prone
Printed name of adult completing	the form	Daytime Phone and Email (optional)		□Income Application □Homel Household Size: Total Income: Per:		2 Weeks) □2x Month □Monthly □An	nual
i miled hame of adult completing	uic totili	Dayanie Frione and Email (Optional)		□ Selected For Verification: Co	• ` •	,	
Street Address (if available)	Apt		State Zip	Follow-Up Official's Signature:		Date:	

Sources of Income for Children		
Type of Income	Examples	
Earnings from work	A child has a job where they earn a salary or wages.	
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.	
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.	
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.	
Income from any other source	A child receives income from a private pension fund, annuity or trust.	

Sources of Income for Adults				
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 (farm or business)	- Workers Compensation	- Private Pensions or disability		
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	- Supplemental Security Income (SSI)	- Regular income from trusts or estates		
	- Cash Assistance from State or local	- Annuities		
	government	- Investment Income		
	- Alimony payments	- Earned Interest - Rental Income		
	- Child support payments - Veteran's benefits	- Regular cash payments from outside		
	- Strike benefits	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):

Race (check one or more):

☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	□White
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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.

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: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, 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. email: program.intake@usda.gov.

This institution is an equal opportunity provider.