

Enrollment Date:

Enrollment Date:

Additional names, attach another sheet of paper)

Head Start	Foster Child	Homeless Migrant, Runaway
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
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93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

	Arrival Time	Leave Time	M	T	W	T	F	S	S

Check all that apply

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

If NO > Go to STEP 3

C. Enter case number of the selected assistance program in this space

Eligible Assistance

Children's income	Weekly	Bi-Weekly	2x Month	Monthly
\$				

.....

or leave any fields blank, you are certifying (promising) that there is no income:

How often?

Never	Bi-Weekly	Monthly
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How often?

Never	Bi-Weekly	Monthly
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**Pensions/Retirement/
All Other Income**

**Pensions/Retirement/
All Other Income**

○	○
○	○
○	○
○	○

☐	☐	☐	☐
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Check if no SSN ☐

Officials may verify (check) the information. I am aware that if I purposely

Phone and Email (optional)

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- 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	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	
- Income from any other source	- A child receives regular 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)	- Worker's compensation	- Private pensions or disability benefits
If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- 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-FEP) 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, the USDA, its Agencies, offices, and 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 for program information (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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

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

fax: (202) 690-7442; or

email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

How often?

Weekly	Bi-Weekly	2x Month	Monthly
☐	☐	☐	☐

Total Income

Household size

Error Prone (Schools Only) ☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Eligibility:

Free	Reduced	Not/Denied
☐	☐	☐