## Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2023-24

Return Completed Application to:				(Insert School Name & Mailing Address here)				
Part 1: Children in School								
List names of all children in school ( <b>First, Middle Init Last</b> ).  If <u>all</u> children listed are foster, skip to Part 4 to sign the listed of the children are foster or are homeless, middle the children are foster or are homeless, middle the children are foster or are homeless.		Gra	ide Na	Name of School Child Attends			Check Foster Child	all that apply: Homeless, Migrant, Runaway
Part 2: Assistance Programs – SNAP, TAN	NF or F	DPIF	R Benefits	,				
Enter <b>MASTER CASE NUMBER</b> if household (Social Security numbers, Medicaid numbers and								
Part 3: Total Household Gross Income –	You mu	st tel	I us how n	nuch and ho	ow often.			
Household Members     List everyone in the household, current income experience.		2. Gross Income (before taxes) and How Often it was						as Receive
person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field bla certifies no income to report. A foster child's personal use income must be listed.	Earni		rom Work ductions	Child Support,			ensions, Retirement and	
	Incon	ne	How often	Income	How often Inc		ome	How often
Total Number of Household Members:	(00)							f no SSN
(Children and Adults)	adult signing this form: XXX – XXX –				_ 🗖			
Part 4: Adult Signature and Contact Inform	mation	– An	adult hou	sehold mer	nber must s	ign the	appli	cation.
"I certify (promise) that all information on this appli information is given in connection with the receipt information. I am aware that if I purposely give fals	of Feder se inforn	ral fui	nds and tha	at school offi	cials may ver	ify (che	eck) th	e
Sign here:	Print name:					Da	ate	
Street Address (if available):				Zi p:		time none:		
Part 5: Children's Ethnic and Racial Ident	ities –	Optic	onal					
Check one Ethnic Identity: - and - Check one or more Racial Identities:								

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TREGORITION O. LOLO L								
☐Hispanic or Latino ☐Not Hispanic or Latino	□Asian □White	□Black or Africat □American India			e Hawaiian or Pacific Islander			
Do Not Fill Out the Section Below - For School Use Only								
Annual Income Conversion: Week	dy X 52;	Every 2 weeks X 26;	Twice a month X	24;	Monthly X 12			
Total Household Size:  Total Income:  Year Month 2 X Mo Every 2 Wks  Week	per	☐Free ☐Income ☐ Categorically eligi ☐SNAP/TANF/FDP ☐Foster Child ☐Homeless/Migran (Official Documentation	YIR t/Runaway:	□lr	d n for denial: acome too high acomplete application			
Signature of Determining Official:			Date Appro	ved:				
FOR THE VERIFICATION PROCESS ONLY: Date W								
Signature of Confirming Official:			Date Confirmed:		From School:			
Signature of Verifying Official:			Date Verified:					

Your children may qualify for free or reduced price meals	FEDERAL INCOME CHART for School Year 2023-24						
if your household income falls at or below the limits on	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly		
this chart.	26,973	2,248	1,124	1,038	519		
2	36,482	3,041	1,521	1,404	702		
3	45,991	3,833	1,917	1,769	885		
4	55,500	4,625	2,313	2,135	1,068		
5	65,009	5,418	2,709	2,501	1,251		
6	74,518	6,210	3,105	2,867	1,434		
7	84,027	7,003	3,502	3,232	1,616		
8	93,536	7,795	3,898	3,598	1,799		
Each additiona person:	9,509	793	397	366	183		

Attachment C: 2023-24

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 are 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, SW Washington, D.C. 20250-9410
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.