# Available Now!!
# Online Free and Reduced Applications

Now you can apply on-line for your children to receive free or reduced price school meals. Your application will be sent from a secure web site directly to your Child Nutrition Director, so you don't need to worry about filling out a paper form that could be lost or misplaced.

www.LunchApplication.com has been designed to make it easy for you to know exactly what information you need to provide and to guide you through the process. Once your application has been received the district office will determine your eligibility and send you a letter with the results.

www.LunchApplication.com is an easy, secure and convenient way to apply for free or reduced meals.

To apply, simply go to www.LunchApplication.com and Click Apply Now.

K12PaymentCenter

The Complete Online Payment Solution

Dear Parents,

Great News! Dealing with your children's lunch money and school fee payments just got a lot easier. You can now **add money** to your child's meal account, see their cafeteria **purchase history,** and pay for **school related fees** all securely **online** from your computer, tablet or smartphone!

With the new **K12PaymentCenter** the chances of lunch money and school fee payments getting lost or stolen significantly decreases and you save time not having to come into school to make payments. You can add money to meal accounts and pay for school related fees at the same time. You can even set up **reoccurring payments**, set up **notifications**, and **transfer meal funds**. It will also save your **payment history** so you can refer back at any time. You will have access to your child's account 24 hours a day, 7 days a week.

**How Do You Get Started? It's simple!**

- Go to www.k12paymentcenter.com in your web browser
- First time users click "Sign Up" then select your state and district from the drop-down lists
- Fill in your information to set up the account
- Click "Manage Students" to add your student(s) with their last name and student ID number
- Input your credit or debit card information and you're ready to go!

Once you create your account and add your students, you will have access to your student's meal account balance and cafeteria purchase history for **FREE!** When making meal account or school fee payment there is a small convenience fee per transaction (not per child) to cover credit card processing.

For more information or questions about using **K12PaymentCenter** please go to www.k12paymentcenter.com or email contactus@k12paymentcenter.com

*Click here* to learn more about managing your child's account online today!

**DEPARTMENT OF DEFENSE**
**EDUCATION ACTIVITY**
**AMERICAS SOUTHEAST DISTRICT**
**5701 SANTA FE ROAD**
**FORT BENNING, GEORGIA 31905-2724**

13 July 2020

Americas Southeast District Parents or Guardians,

DoDEA is committed to providing safe, healthy, and affordable meals for both our students and staff each school day. Our Student Meal Program (SMP) team works very hard to do this as efficiently as possible with the best quality food and services available without requiring funds that would otherwise go to student education. The most significant barrier to meeting this goal is the student debt that accumulates from unpaid meal charges. This debt is not only accumulated from the unpaid meals, but from the service fees charged by our banking institutions. The purpose of these combined procedures is to inform you of our process for managing unpaid meal charges in order to independently provide the best quality meals and services to all who are eligible to participate.

**Definitions:**

**Unpaid Meal Charge**- Any charge for food or beverages without sufficient funds in the participant's meal account to pay for that charge.

**Insufficient Funds -** A check intended to pay toward meal charges or pre-payments that is returned to the SMP for insufficient funds.

**Reimbursable Meal** –The combination of foods in a meal provided to students that is eligible for full or partial reimbursement from the USDA.

**A la Carte** – Food and beverages that are sold apart from the reimbursable meal. These items may be the same offered with the reimbursable meal, but not sold as a reimbursable meal. These items also include foods outside the reimbursable meals, such as ice cream, snacks, juice, etc.

**Procedures for Collecting Unpaid Meal Charges:**

As a courtesy reminder, automated emails will be sent at least twice monthly to all families with a negative balance of $5 or more. DoDEA allows up to the equivalent of 5 days of unpaid lunch meal charges per student at the full price before initiating collection procedures. For example, if the lunch price is $3.00, $15 of debt would trigger collection procedures. No student will be allowed to purchase a la carte items if their account falls below zero dollars. Once the unpaid meal charges reach the threshold for collections, the following actions will take place:

1. A letter will be mailed to student homes notifying their parents or guardians of their debt and requesting immediate payment.

2. If the debt is not paid within one week of sending the first letter, a second letter will be sent to students' homes. SMP staff will also make a personal phone call to any and all phone numbers available to notify the parent/guardian of their student's negative account balance. If no response by phone, a personal email will be sent to any and all email addresses on file.

3. If the debt is not paid within one week of sending the second letter, or if payment arrangements made by the parent or guardian are not kept, debt-collection procedures will begin. Debt collection procedures may include the notification of the sponsor's chain of command and military pay garnishment. Where multiple students in a family have debts, all debts will be combined regardless of amount. An additional service fee of up to $50 will be added to the total debt amount for garnishment, where allowed.

**Procedures for Collecting on Returned Checks for Insufficient Funds:**

The SMP will contact families within one week of learning that a check received did not clear our financial institution. SMP staff will work with families to make reasonable payment arrangements to pay for the check, as well as any fee charged by our financial institution. Debt collection procedures, as described in #3 above, will begin if the SMP does not get a response from attempts to contact families, or if commitments made to pay the amount due are not kept. For questions regarding DoDEA's Southeast District's Unpaid Meal Charges please contact the district's Child Nutrition Director, Marie Patti, at 706-545-8264 or marie.patti@dodea.edu .

PATTI.MARIE.ANTOINETTE.1013801289 Digitally signed by PATTI.MARIE.ANTOINETTE.1013801289 Date: 2020.07.28 16:59:42 -04'00'

Marie A. Patti
Director, Student Meals Program
DoDEA, Southeast District

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Fort Benning offers healthy meals every school day. Breakfast costs $1.60; lunch costs $2.90. **Your children may qualify for free meals or for reduced price meals.** Reduced price is *$.30* for breakfast and $.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
    - All children in households receiving benefits from GA SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or GA TANF, are eligible for free meals.
    - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
    - Children participating in their school's Head Start program are eligible for free meals.
    - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
    - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021 | | | |
|---|---|---|---|
| Household size | Yearly | Monthly | Weekly |
| 1 | 23,606 | 1,968 | 454 |
| 2 | 31,894 | 2,658 | 614 |
| 3 | 40,182 | 3,349 | 773 |
| 4 | 48,870 | 4,040 | 933 |
| 5 | 56,758 | 4,730 | 1,092 |
| 6 | 65,046 | 5,421 | 1,251 |
| 7 | 73,334 | 6,112 | 1,411 |
| 8 | 81,662 | 6,802 | 1,570 |
| Each additional person: | 8,288 | 691 | 160 |

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Dr. Kendon Johnson, 706-545-8260, kendon.johnson@dodea.edu

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Cathy Holmes, 5701 Santa Fe Rd, Bldg. 11800, Fort Benning GA, 31905.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Cathy Holmes, 706-545-8266, immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.lunchapplication.com to begin or to learn more about the online application process. Contact Cathy Holmes, 706-545-8266, cathy.holmes@dodea.edu if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 28, 2020**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: MARIE PATTI, marie.patti@dodea.edu, 706-545-8264.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Cathy Holmes, 5701 Santa Fe Rd, Bldg. 11800, Fort Benning, GA, 31905 (706-545-8266) to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for GA SNAP or other assistance benefits, contact your local assistance office or call 404-657-3433.

If you have other questions or need help, call 706-545-8266/8264.

Sincerely,

**Cathy Holmes, Fort Benning Child Nutrition Director**

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Fort Benning. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Cathy Holmes, 5701 Santa Fe Rd, Bldg. 11800, Fort Benning GA, 31905 (706-545-8266).

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Fort Benning Schools, regardless of age.

| A) List each child's name. | B) Is the child a student at Fort Benning? | C) Do you have any foster children? | D) Are any children homeless, migrant, or runaway? |
|---|---|---|---|
| Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. | Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend which Fort Benning School. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right. | If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. | If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. |

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or GA SNAP (404-657-3433)
- Temporary Assistance for Needy Families (TANF) or GA TANF (404-657-3433)
- The Food Distribution Program on Indian Reservations (FDPIR) (404-651-6606)

| A) If no one in your household participates in any of the above listed programs: | B) If anyone in your household participates in any of the above listed programs: |
|---|---|
| • Leave **STEP 2** blank and go to **STEP 3.** | • Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, call 404-657-3433.<br>• Go to **STEP 4**. |

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled **"Sources of Income for Adults"** and **"Sources of Income for Children,"** printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

### 3.A. REPORT INCOME EARNED BY CHILDREN

A) **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.
***What is Child Income?*** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u>
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

| | | |
|---|---|---|
| **B) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in **STEP 1.**</u> If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.** | **C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.<br><br>***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. | **D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part. |
| **E) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application. | **F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals. | **G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN." |

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

***All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.***

| STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE | | | |
|---|---|---|---|
| **A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. | **B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult." | **C) Mail Completed Form to:** Cathy Holmes, 5701 Santa Fe Rd, Bldg. 11800, Fort Benning GA, 31905 | **D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. |

# 2020-2021 Prototype Household Application for Free and Reduced Price School Meals

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

Apply online:
www.lunchapplication.com

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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**, **Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Grade | Student? Yes | Student? No | Foster Child | Homeless, Migrant, Runaway |
|---|---|---|---|---|---|---|---|
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**If NO** > Go to STEP 3.

**If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "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 All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

| Child income | How often? Weekly | Bi-Weekly | 2x Month | Monthly |
|---|---|---|---|---|
| $ | ○ | ○ | ○ | ○ |

### 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 gross income (before taxes) for each source in whole dollars (no cents) 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.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? Weekly | Bi-Weekly | 2x Month | Monthly | Public Assistance/ Child Support/Alimony | How often? Weekly | Bi-Weekly | 2x Month | Monthly | Pensions/Retirement/ All Other Income | How often? Weekly | Bi-Weekly | 2x Month | Monthly |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |

**Total Household Members (Children and Adults)**

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member** X X X X X

**Check if no SSN** ☐

## STEP 4 Contact information and adult signature.

"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."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult signing the form | Signature of adult | Today's date

## 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<br>- Disability Payments<br>- Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits<br>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| -Income from person outside the household | - A friend or extended family member regularly gives a child spending money |
| -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<br>- Net income from self-employment (farm or business)<br><br>If you are in the U.S. Military:<br><br>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>- Allowances for off-base housing, food and clothing | - Unemployment benefits<br>- Worker's compensation<br>- Supplemental Security Income (SSI)<br>- Cash assistance from State or local government<br>- Alimony payments<br>- Child support payments<br>- Veteran's benefits<br>- Strike benefits | - Social Security (including railroad retirement and black lung benefits)<br>- Private pensions or disability benefits<br>- Regular income from trusts or estates<br>- Annuities<br>- Investment income<br>- Earned interest<br>- Rental income<br>- 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 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 School Use Only

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

**Total Income**

How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

**Household Size**

**Categorical Eligibility** ☐

Eligibility: Free ○ Reduced ○ Denied ○

**Determining Official's Signature** **Date**

**Confirming Official's Signature** **Date**

**Verifying Official's Signature** **Date**