Application for Free and Reduced Price School Meals

Arlington Community Schools

	K; print neatly within t						ne: MySchoolApps.com or n	iutrition@acsk-12.org
tep 1 LIST ALL House	hold Members who are <u>infants.children.a</u> ı	id students up to a	and <u>including grade 12</u> . (If m	ore spaces are required for ad	lditional names, at	tach anaother sheet (Date of Birth		oster Homeless,
Student ID (Optional)	Child's First Name	MI	Child's	Last Name	MM	DD YY	Grade	Child Migrant, Runaway
		. A. [42] A.1						H M R
			ПППП					H M R
				1 14 1 1 2 24		ПП		H M F
								H M F
								H M F
					ШШ			
ep 2 Do any Househ	old Members (including you) currently par	lidpate in one or m	nore of the following assist:	ance programs: SNAP, TANF, o	or FDPIR?	Yes / No (cirlo	e one)	
If you answered NO >	Complete STEP 3. If you answered YES > W	rite a case number h	ere then go to STEP 4 (Do not	complete STEP 3.) Case	e Number: Not you	r card number		
ep 3 Report Income	for ALL Household Members (Skip this ste	p if you answered "	"Yes" to Step 2)					
						Child	Income How Often?	
Child Income: Sometimes	s children in the household have earned income	. Please include the	TOTAL income earned by all H	lousehold Members listed in STEP	1 here.	\$	W E T	M
List all Household Memb	ibers (Including yourself) ers not listed in Step 1 (including yourself) eve lars only. If they do not receive income from a						*Pay Frequency (How Ofter E=Bi-Weekly, T=2x Monti	
Name of	Adult Household Members (First and Last)	Earning from Wo	How Often?"	Public Assista Support / A		ow Often?*	Pensions / Retirement All Other Income	How Often?*
100 Telephone (100 Te	(First and East)	\$	W E T	M \$	W	E T M	\$	W E T
		s	WET	M \$		E T M	\$	W E T
			W E T	M \$		E T M	S	W E T
			W E T	M \$ 1		E T M		
			otan ota			= = =		w E T [
		\$	W E T	M \$				
		\$	W E T	M \$	w	E T M	\$	W E T
OTAL Household Members	(Children and Adults)	st Four Digits of Soci	ial Security Number (SSN) of	Primary Wage Earner or Other Ad	dult Household Mem	ber	Check if no SSN	
p 4 Contact inform	ation and adult signature							
ertify (promise) that all in	nformation on this application is true and that a information, my children may lose meal benef				the receipt of Fede	ral funds, and that scho	ool officials may verify (check) th	e information. I am awar
				A TOTAL CONTRACTOR OF THE PARTY				
ner FIRST NAME (clearly p	orint) Signer LAS	T NAME (clearly prin	nt)	Sign	nature of Adult comp	leting form		Today's Date
			THE PERSON NAMED IN	Tananem cari est tel				et a green place of
ILING address (if available	e)	Aj	pt. #	City S	itate	Zip	Daytime Phone / En	nail (optional)
PTIONAL Children's Rac	cial and Ethnic Identities							
Race: Check One or Mor	e American Indian or Asian	Black or Af	frican Native Haw	White	Eth	nicity: Check One	Hispanic or Latino	NOT Hispanic or Latino

Sources of Inco	me for Children	
Sources of Child Income	Example(s)	E
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary
 Social Security Disability Payments Survivor's Benefits 	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	Net inc employm business If you are
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pa (do NOT i
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or p allowance - Allowan housing, fo

So	ources of Income for Adults	
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self- employment (farm or business) If you are in the U.S. Military:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Alimony payments Child support payments Veteran's benefits Strike benefits	trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil

Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(202) 690-7442; or fax:

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

	Veekly x 52, Every 2 Weeks x 26, Twice a Mon How often?								Eligibili	ly:	
Total Income	Weekly Bi-Weekly 2x Month			Monthly	Household Size			Free		Dened	
	0	0	0	0		Categorical Eligibility		00		0	
Determining Official's Signature		Date		c	Confirming Official's	Signature	Date	Vei	rifying	Official's Signature	Dat