2018-19 Household Application for Free and Reduced Price School Meals
Complete one application per household.

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.

	First Name	MI	Last Name	Grade	Student? Yes	Student? No	Check all that apply	Foster Child?	Homeless Migrant Or Runaway
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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	Program
	SNAP (Supplemental Nutrition Assistance Program)
	TANF (Temporary Assistance for Needy Families)
	FDPIR (Food Distribution on Indian Reservations)

Step 3: Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

If you are unsure what income to include here, scroll to bottom of form to section titled "Sources of Income"

A. Child Income
   Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all
   Children Household Members listed in STEP 1 here.

Children GROSS Income (List amount under frequency)				
Name	Weekly	Bi-Weekly	2x Month	Monthly
Total Income				

B. All <u>ADULT</u> Household Members (Including yourself)
List only the Adult Household Members (including yourself) even if they don't receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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.

Adult Household Members	GROSS Earnings from Work (Round to nearest dollar)				Public Asst./Child Support/Alimony (Round to nearest dollar)				Pensions/Retirement/Other Income (Round to nearest dollar)			
First and Last Name	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
1												
2												
3												
4												
5												
6												
7												
8												
Total Income												

Total Household Members [   ]

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member   [XXX-XX-]

STEP 4: Contact Information and Adult Signature   Submit form online OR
Print and Mail form to: Colorado City USD, Attn: Food Services, PO Box 309, Colorado City, AZ 86021

"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 purposefully give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

_____
Email Address

_____   _____
Signature of adult completing the form   Phone

_____   _____   _____ _____
Mailing Address   City   State   Zip

Sources of Income for Children		Sources of Income for Adults		
Types of Income	Examples	Earnings from Work	Public Assistance/ Alimony/ Child Support	Pernsion/Retirement/ All Other Income
Earnings from work	A child has a job where they earn a salary or wages	Salary, wages, cash bonuses	Unemployment Benefits	Social Security (including railroad retirement and black lung benefits)
Social Security -disability payments	A child is blind or disabled and receives Social Security benefits	Net income from self-employment (farm or business)	Workers compensation	Private pensions or disability
Social Security -survivor's benefits	A parent is disabled, retired, or deceased and their child receives social security benefits	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 -Annuities -Investment Income -Earned Income
Income from persons Outside the household	A friend or extended family member regularly gives a child spending money		Alimony payments Child Support payments	Rental Income
Income from any other source	A child receives income from a private pension fund, annuity, or trust		Veteran's benefits Strike benefits	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 reduces price meals. You must include the last four digits of the social security number of the adult household member who signed this 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 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 the look into violations of program rules.

In accordance with Federal civil rights laws 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 receive 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 my 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/compalint_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: (1) mail: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-041; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Clicking submit will create a draft form in your email account. Open the draft email, and click send.