2024-2025 Application for Free and Reduced-Price School Meals (Complete one application per household. Please use pen, not pencil) STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper) Migrant, Runaway Child's Last Name School Name Child's First Name Definition of Household Member: "Anyone who is living with you and shares he income and expenses. ck even if not related. all th Children in Foster care at and children who meet the ap pl definition of Homeless Migrant or Runaway are eligible for free meals. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) If you answered NO > Complete STEP 3. 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) A. Child Income How often? Child GROSS income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Weekly Bi-Weekly 2x Month Monthly Are you unsure what Household Members listed in STEP 1 here. income to include here? B. All Adult Household Members (including yourself) Flip to the back of this List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes application and review the charts titled 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. "Sources How often? How often? of Income" for more How often? Name of Adult Household Members (First and Last) Public Assistance/ Pensions/Retirement/ information. Earnings from Work Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony | Weekly | Bi-Weekly | 2x Month | Monthly Weekly Bi-Weekly 2x Month Monthly All Other Income The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help vou with the Adult Household Members Income Section. C. Total Household Members Last Four Digits of Social Security Number (SSN) of $\mathbf{X} \mid \mathbf{X}$ X Check if no SSN Primary Wage Earner or Other Adult Household Member (Children and Adults) Mail Completed Form to: [Red Rock Elementary School 20854 E. Homestead Dr. Red Rock AZ 85145 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 OFFICE USE ONLY in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely □Error Prone give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Eligibility: Free Reduced Denied Determining Official's Signature: Date: □Case # Application □Foster Application □Directly Certified: Date of Disregard: Signature of adult completing the form Today's date □Income Application □Homeless/Migrant/Runaway Household Size: Total Income: _____ Per: □Week □Bi-Weekly (Every 2 Weeks) □2x Month □Monthly □Annual Printed name of adult completing the form Daytime Phone and Email (optional) ☐ Selected For Verification: Confirming Official's Signature: Date: Follow-Up Official's Signature: Date: Street Address (if available) Apt# City State

| Sources of Income for Children | | |
|---|---|--|
| Type of Income | Examples | |
| Earnings from work | A child has a job where they earn a salary or wages. | |
| Social Security -Disability payments | A child is blind or disabled and receives Social Security benefits. | |
| -Survivor Benefits | A parent is disabled, retired, or deceased and their child receives social security benefits. | |
| Income from persons outside the household | A friend or extended family member <u>regularly</u> gives a child spending money. | |
| Income from any other source | A child receives 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) | - Workers Compensation | - Private Pensions or disability | |
| | - Supplemental Security Income (SSI) | - Regular income from trusts or estates | |
| If you are in the U.S. Military: - Basic pay and cash bonuses | - Cash Assistance from State or local | - Annuities | |
| (do not include combat pay, FSSA, or privatized housing allowances) | government | - Investment Income | |
| -Allowances for off-base | - Alimony payments | - Earned Interest | |
| housing, food and clothing | - Child support payments | - Rental Income | |
| | - Veteran's benefits | - Regular cash payments from outside household | |
| | - Strike benefits | | |

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): ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander □White ☐ American Indian or Alaskan Native

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, 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: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, 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:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email:Program.Intake@usda.gov

This institution is an equal opportunity provider.