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

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

### 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).

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>Grade</th>
<th>Student?</th>
<th>Foster Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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.

### 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).

#### 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.

<table>
<thead>
<tr>
<th>Child income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td></td>
</tr>
<tr>
<td>2x Month</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>Public Assistance/ Child Support/Alimony</th>
<th>Pensions/Retirement/ All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly</td>
<td>Bi-Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
<td>2x Month</td>
<td>2x Month</td>
<td>2x Month</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

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

Check if no SSN

### STEP 4
Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE.

*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 3/2020 of adult signing the form.
## Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor's Benefits</td>
<td></td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from any other source</td>
<td>A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

## Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from Work</td>
<td>Salary, wages, cash bonuses</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>Cash assistance from State or local government</td>
</tr>
<tr>
<td>- Unemployment benefits</td>
<td>All Other Income</td>
</tr>
<tr>
<td>- Worker's compensation</td>
<td>- Social Security (including railroad and black lung benefits)</td>
</tr>
<tr>
<td>- Supplemental Security Income (SSI)</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td>- Alimony payments</td>
<td>- Annuities</td>
</tr>
<tr>
<td>- Child support payments</td>
<td>- Investment income</td>
</tr>
<tr>
<td>- Veteran's benefits</td>
<td>- Earned interest</td>
</tr>
<tr>
<td>- Strikes benefits</td>
<td>- Rental income</td>
</tr>
<tr>
<td>- Allowances for off-base housing, food and clothing</td>
<td>Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

## 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 MAYS 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 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.

---

**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

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Household Size</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
</tbody>
</table>

Determining Official's Signature: ___________________________ Date: ___________________________

Confirming Official's Signature: ___________________________ Date: ___________________________

Verifying Official's Signature: ___________________________ Date: ___________________________

Eligibility:

[ ] Free [ ] Reduced [ ] Denied

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
demail: program.intake@usda.gov.

This institution is an equal opportunity provider.
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School/School District] offers healthy meals every school day. Breakfast costs [$]; lunch costs [$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [$] for breakfast and [$] 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 [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State 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.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,606</td>
<td>$1,968</td>
<td>$454</td>
</tr>
<tr>
<td>2</td>
<td>$31,894</td>
<td>$2,658</td>
<td>$614</td>
</tr>
<tr>
<td>3</td>
<td>$40,182</td>
<td>$3,349</td>
<td>$773</td>
</tr>
<tr>
<td>4</td>
<td>$48,470</td>
<td>$4,040</td>
<td>$933</td>
</tr>
<tr>
<td>5</td>
<td>$56,758</td>
<td>$4,730</td>
<td>$1,092</td>
</tr>
<tr>
<td>6</td>
<td>$65,046</td>
<td>$5,421</td>
<td>$1,251</td>
</tr>
<tr>
<td>7</td>
<td>$73,334</td>
<td>$6,112</td>
<td>$1,411</td>
</tr>
<tr>
<td>8</td>
<td>$81,622</td>
<td>$6,802</td>
<td>$1,570</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>$8,288</td>
<td>$691</td>
<td>$160</td>
</tr>
</tbody>
</table>

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 [school, homeless liaison or migrant coordinator].

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: [name, address, phone number].

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 [name, address, phone number, e-mail] 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 [website] to begin or to learn more about the online application process. Contact [name, address, phone number, e-mail] if you have any questions about the online application.
   - No, an online application is not available at this time.
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 [date]. 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: [name, address, phone number, e-mail].

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. **DO I HAVE TO PROVIDE MY SOCIAL SECURITY NUMBER?** Only the last 4 digits of the social security number of the household’s primary wage earner or another adult household member (or an indication of “none”) is required.

15. **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.

16. **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 [name, address, phone number, e-mail] to receive a second application.

17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number].

If you have other questions or need help, call [phone number].

Sincerely,

[signature]

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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
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 [School District]. 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 [School/school district contact here; phone and email preferred].

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 [school/school system here], regardless of age.

**A) List each child’s name.** 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.

**B) Is the child a student at [name of school/school system here]?”** Mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend [name of school/school district here]. If you marked ‘Yes,’ write the grade level of the student in the ‘Grade’ column to the right.

**C) Do you have any foster children?”** 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.

**D) Are any children homeless, migrant, or runaway?”** 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 [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**
- Leave STEP 2 blank and go to STEP 3.

**B) If anyone in your household participates in any of the above listed programs:**
- 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, contact: [State/local agency contacts here].
- 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.
  - 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...
### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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, even if they are not related and even if they do not receive income of their own.
- 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).” Do not list any household members you listed in STEP 1.

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.

**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. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.**

#### 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: Insert School/District address here

#### 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.
<table>
<thead>
<tr>
<th>Household Size</th>
<th>Federal Poverty Guidelines (Annual)</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12,760</td>
<td>16,588</td>
<td>1,383</td>
<td>692</td>
<td>638</td>
<td>319</td>
<td>23,606</td>
<td>1,968</td>
<td>984</td>
<td>908</td>
<td>454</td>
</tr>
<tr>
<td>2</td>
<td>17,240</td>
<td>22,412</td>
<td>1,868</td>
<td>934</td>
<td>862</td>
<td>431</td>
<td>31,894</td>
<td>2,658</td>
<td>1,329</td>
<td>1,227</td>
<td>614</td>
</tr>
<tr>
<td>3</td>
<td>21,720</td>
<td>28,236</td>
<td>2,353</td>
<td>1,177</td>
<td>1,086</td>
<td>543</td>
<td>40,182</td>
<td>3,349</td>
<td>1,675</td>
<td>1,546</td>
<td>773</td>
</tr>
<tr>
<td>4</td>
<td>26,200</td>
<td>34,060</td>
<td>2,839</td>
<td>1,420</td>
<td>1,310</td>
<td>655</td>
<td>48,470</td>
<td>4,040</td>
<td>2,020</td>
<td>1,865</td>
<td>933</td>
</tr>
<tr>
<td>5</td>
<td>30,680</td>
<td>39,884</td>
<td>3,324</td>
<td>1,662</td>
<td>1,534</td>
<td>767</td>
<td>56,758</td>
<td>4,730</td>
<td>2,365</td>
<td>2,183</td>
<td>1,092</td>
</tr>
<tr>
<td>6</td>
<td>35,160</td>
<td>45,708</td>
<td>3,809</td>
<td>1,905</td>
<td>1,758</td>
<td>879</td>
<td>65,046</td>
<td>5,421</td>
<td>2,711</td>
<td>2,502</td>
<td>1,251</td>
</tr>
<tr>
<td>7</td>
<td>39,640</td>
<td>51,532</td>
<td>4,295</td>
<td>2,148</td>
<td>1,982</td>
<td>991</td>
<td>73,334</td>
<td>6,112</td>
<td>3,056</td>
<td>2,821</td>
<td>1,411</td>
</tr>
<tr>
<td>8</td>
<td>44,120</td>
<td>57,356</td>
<td>4,780</td>
<td>2,390</td>
<td>2,206</td>
<td>1,103</td>
<td>81,622</td>
<td>6,802</td>
<td>3,401</td>
<td>3,140</td>
<td>1,570</td>
</tr>
<tr>
<td>For each additional family member, add</td>
<td>4,480</td>
<td>5,824</td>
<td>486</td>
<td>243</td>
<td>224</td>
<td>112</td>
<td>8,288</td>
<td>691</td>
<td>346</td>
<td>319</td>
<td>160</td>
</tr>
</tbody>
</table>
[Name of School/School District] today announced its policy for free and reduced-price meals for children served in schools under the National School Lunch Program and/or School Breakfast Program. Local school officials have adopted the following household size and income criteria for determining eligibility:

Children need healthy meals to learn. [Name of School/School District] offers healthy meals every school day. Breakfast costs [$]; lunch costs [$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [$] for breakfast and [$] for lunch. 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 [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State 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 who are directly certified are eligible to receive free meals.
   - When known to [Name of School/School District], households will be notified of their children’s eligibility for free meals based on their participation (or a household member’s participation) in the: 0 Supplemental Nutrition Assistance Program (SNAP); Food Distribution Program on Indian Reservations (FDPIR); or Temporary Assistance for Needy Families (TANF). If the State program meets Federal standards.
   - When known to [Name of School/School District], households will be notified of any child’s eligibility for free meals based on the individual child’s designation as Other Source Categorically Eligible, as defined by law. Children are determined Other Source Categorically Eligible if they are:
     - Homeless,
     - Migrant,
     - Runaway,
     - A foster child, or
     - Enrolled in Head Start or an eligible pre-kindergarten program (see: SP 40-2013: Q&As Regarding the Participation of Head Start Programs in Child Nutrition Programs, [https://www.fns.usda.gov/cas-regarding-participation-head-start-programs-child-nutrition-programs-0]).

### Income Eligibility Guidelines
Effective Date: July 1, 2020 – June 30, 2021

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Federal Poverty Guidelines (Annual)</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12,760</td>
<td>16,588</td>
<td>1,383</td>
<td>692</td>
<td>638</td>
<td>319</td>
<td>23,606</td>
<td>1,968</td>
<td>984</td>
<td>908</td>
<td>454</td>
</tr>
<tr>
<td>2</td>
<td>17,240</td>
<td>22,412</td>
<td>1,868</td>
<td>934</td>
<td>862</td>
<td>431</td>
<td>31,894</td>
<td>2,658</td>
<td>1,329</td>
<td>1,227</td>
<td>614</td>
</tr>
<tr>
<td>3</td>
<td>21,720</td>
<td>28,236</td>
<td>2,353</td>
<td>1,177</td>
<td>1,086</td>
<td>543</td>
<td>40,182</td>
<td>3,349</td>
<td>1,675</td>
<td>1,546</td>
<td>773</td>
</tr>
<tr>
<td>4</td>
<td>26,200</td>
<td>34,060</td>
<td>2,839</td>
<td>1,420</td>
<td>1,310</td>
<td>655</td>
<td>48,470</td>
<td>4,040</td>
<td>2,020</td>
<td>1,865</td>
<td>933</td>
</tr>
<tr>
<td>5</td>
<td>30,680</td>
<td>39,884</td>
<td>3,324</td>
<td>1,662</td>
<td>1,534</td>
<td>767</td>
<td>56,758</td>
<td>4,730</td>
<td>2,365</td>
<td>2,183</td>
<td>1,092</td>
</tr>
<tr>
<td>6</td>
<td>35,160</td>
<td>45,708</td>
<td>3,809</td>
<td>1,905</td>
<td>1,758</td>
<td>879</td>
<td>65,046</td>
<td>5,421</td>
<td>2,711</td>
<td>2,502</td>
<td>1,251</td>
</tr>
<tr>
<td>7</td>
<td>39,640</td>
<td>51,532</td>
<td>4,295</td>
<td>2,148</td>
<td>1,982</td>
<td>991</td>
<td>73,334</td>
<td>6,112</td>
<td>3,056</td>
<td>2,821</td>
<td>1,411</td>
</tr>
<tr>
<td>8</td>
<td>44,120</td>
<td>57,356</td>
<td>4,780</td>
<td>2,390</td>
<td>2,206</td>
<td>1,103</td>
<td>81,622</td>
<td>6,802</td>
<td>3,401</td>
<td>3,140</td>
<td>1,570</td>
</tr>
<tr>
<td>For each additional family member, add</td>
<td>4,480</td>
<td>5,824</td>
<td>486</td>
<td>243</td>
<td>224</td>
<td>112</td>
<td>8,288</td>
<td>691</td>
<td>346</td>
<td>319</td>
<td>160</td>
</tr>
</tbody>
</table>
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 [school, homeless liaison or migrant coordinator].

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: [name, address, phone number].

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 [name, address, phone number, e-mail] 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 [website] to begin or to learn more about the online application process. Contact [name, address, phone number, e-mail] if you have any questions about the online application.
   
   _____ No, an online application is not available at this time.

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 [date]. 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. In accordance with program regulations school officials will be verifying the income of some households at some time during the school year. Selected households will be requested to provide income documentation in order to continue receiving free and reduced-price meals.

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: [name, address, phone number, e-mail].

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. DO I HAVE TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last 4 digits of the social security number of the household’s primary wage earner or another adult household member (or an indication of “none”) is required.

15. MAY I DECLINE BENEFITS? Yes. Households notified of their children’s eligibility must contact [Name of School/School District] or school if they choose to decline the free meal benefits.

16. WHAT IF ALL CHILDREN ELIGIBLE FOR BENEFITS ARE NOT ON THE NOTICE OF ELIGIBILITY LETTER? If children of households receive benefits under Assistance Programs or Other Source Categorically Eligible Programs and are not listed on the notice of eligibility and are not notified by the school of their free meal benefits, the parent or guardian should contact the school or should submit an income application.
17. 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.

18. 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 [name, address, phone number, e-mail] to receive a second application.

19. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number].

If you have other questions or need help, call [phone number].

Sincerely,

[District Representative Signature]

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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children’s Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children’s Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Child’s Name: ___________________________ School: ___________________________

Signature of Parent/Guardian: ___________________________ Date: __________________

Printed Name: __________________________________________

Address: __________________________________________

For more information, you may call [name] at [phone] or e-mail at [e-mail address].

Return this form to: [address] by [date].

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Free and Reduced Price School Meals Application
Sharing Information with Medicaid/CHIP
Page 1 of 2
July 2016 - Language
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, 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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

Free and Reduced Price School Meals Application
Sharing Information with Medicaid/CHIP
Page 2 of 2
July 2016 - Language
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child’s Name: ___________________________ School: ___________________________
Child’s Name: ___________________________ School: ___________________________
Child’s Name: ___________________________ School: ___________________________
Child’s Name: ___________________________ School: ___________________________

Signature of Parent/Guardian: ___________________________ Date: __________

Printed Name: __________________________________________
Address: ________________________________________________

For more information, you may call [name] at [phone] or e-mail at [e-mail address].

Return this form to: [address] by [date].

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children’s eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.
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, 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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."
WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: ___________________________________________ Date: _______________

Dear ____________________________:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that [name(s) of child(ren)] is/are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM [State SNAP], [State TANF] OR [FDPIR] WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:
   - [State SNAP] or [State TANF] or [FDPIR] Certification Notice that shows dates of certification.
   - Letter from [State SNAP] or [State TANF] or [FDPIR] office that shows dates of certification.
   - Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [school, homeless liaison, or migrant coordinator] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:
   Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES [State SNAP] or [State TANF] or [FDPIR] benefits:
   Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received. Send information to: [address]

Acceptable papers include:

   JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

   SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Free and Reduced Price School Meals Application
We Must Check Your Application
Page 1 of 3
July 2016 - Language
UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the [State TANF] office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

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, 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.

Free and Reduced Price School Meals Application
We Must Check Your Application
Page 2 of 3
July 2016 - Language
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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."
WE HAVE CHECKED YOUR APPLICATION

School: ___________________________ Date: ________________

Dear ____________________________:

We checked the information you sent us to prove that [name(s) of child(ren)] are eligible for free or reduced price meals and have decided that:

☐ Your child(ren)’s eligibility has not changed.

☐ Starting [date], your child(ren)’s eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting [date], your child(ren)’s eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost [$] for lunch and [$] for breakfast.

☐ Starting [date], your child(ren) is/are no longer eligible for free or reduced price meals for the following reason(s):
  __ Records show that no one in your household received [State SNAP] or [State TANF] benefits.
  __ Records show that the child(ren) is/are not homeless, runaway, or migrant.
  __ Your income is over the limit for free or reduced price meals.
  __ You did not provide: _____________________________________________
  __ You did not respond to our request.

Meals cost [$] for lunch and [$] for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received [State SNAP], [State TANF] or [FDP1R] benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number], or [e-mail].

Sincerely,

[signature]

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, 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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."
NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren):


Your application was:

☐ Approved for free meals

☐ Approved for reduced price meals at $_______ for lunch, $_______ for breakfast, and $_______ for snacks

☐ Denied for the following reason(s):

☐ Income over the allowable amount

☐ Incomplete application because ____________________________________________

☐ Other __________________

If you do not agree with the decision, you may discuss it with [school official's name] at [phone number] or at [e-mail address]. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: ____________________________________________

ADDRESS: ____________________________________________

PHONE NUMBER: ______________________________ E-MAIL ______________

Sincerely,

[signature]

Name Title Date

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, 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

Free and Reduced Price School Meals Application
Notice to Households of Approval/Denial of Benefits
Page 1 of 2
July 2016 - Language
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:

(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."