2020-2021 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	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	Child's First Name	МІ	Child's	s Last Name	,							Grade	Stu Yes	dent? No			Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares															Γ		
income and expenses, even if not related."															apply		
Children in Foster care and children who meet the																	
definition of Homeless, Migrant or Runaway are															Check all that	H	
eligible for free meals. Read How to Apply for Free and Reduced Price School																H	
Meals for more information.															L	Ш	
STEP 2 Do any H	lousehold Members (including you) curren	tly participate i	in one or r	nore of the f	ollowing a	assista	nce pro	grams: SN	AP, TA	NF, or FD	PIR?						
	If NO > Go to STEP 3. If YES	S > Write a cas	se number l	here then ao t	o STEP 4 ((Do not o	complete	STEP 3)	Ca	se Numbe	er:						
							'	,					Write only	one cas	e numi	ber in tł	nis space
STEP 3 Report In	come for ALL Household Members (Skip this	step if you ansv	wered 'Ye	s' to STEP 2)													
	A. Child Income								Child incom	[low often?	Monthly				
	Sometimes children in the household earn or re- Household Members listed in STEP 1 here.	ceive income. Ple	ase include	the TOTAL in	come receiv	ved by all	I	\$) ()					
	B. All Adult Household Members (inclu	0,						. [
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only.																
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Wor	k Weekly	How often? Weekly Bi-Weekly 2x Month Monthly			Public Assistance/ Child Support/Alimony		How often? Weekly Bi-Weekly 2x Month Monthly		ithly	Pensions/Retirement/ All Other Income		nt/ How often? Weekly Bi-Weekly 2x Month Month			nth Monthl
of Income" for more information.		\$	0	0 0	0	\$		0	0	0 0	_	\$		0	0	0	0
The "Sources of Income for Children" chart will		\$		0 0	0	\$			0	0 (\$		0			
help you with the Child Income section.		\$		0 0		\$						\$					
The "Sources of Income for Adults" chart will help				0 0								·			$\stackrel{\circ}{=}$		
you with the All Adult Household Members		\$		0 0		\$				0 0		\$			$\stackrel{\bigcirc}{=}$	=	
section.		\$		0 0	0	\$			0	0 () :	\$			$\overline{}$		
	Total Household Members (Children and Adults)	Last Four Digits of Primary Wage Ea				Х	хх	XX			Che	ck if no SS	N				
OTED 4																	
STEP 4 Contact i	nformation and adult signature. Mail Con	npleted Form 1	o: The Po	otter's Hous	e 810 Var	nRaalte	Dr SW,	Grand Ra	ıpids, M	II, 49509							
	ion on this application is true and that all income is reported lose meal benefits, and I may be prosecuted under application			on is given in con	nection with tl	he receipt	of Federal	funds, and th	at school c	officials may v	erify (check	() the informa	tion. I am a	aware that	if I pur	posely (give
Street Address (if available)	Apt#	City			State		Zip		Day	ytime Phon	e and Ema	ail (optiona	1)				
Printed name of adult signing	the form	Signature of	adult						Too	day's date							

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 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 							
-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 - 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							

Date

OPTIONAL	Children's Racial and Ethnic Identities	
•	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino American Indian or Alegkan Native.	Black or African American
not have to give the meals. You must inc signs the application. behalf of a foster chi Assistance for Need (FDPIR) case numb member signing the determine if your chi the lunch and breakt nutrition programs to program reviews, an In accordance with F and policies, the US administering USDA	ssell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price stude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on ilid or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary by Families (TANF) Program or Food Distribution Program on Indian Reservations er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to ilid is eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and on help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, orisal or retaliation for prior civil rights activity in any program or activity conducted or	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	t For School Use Only	
Annual Income (Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Month	nly x 12

Determining Official's Signature	[Date		(Confirming Official's Signature	Date	Ver	ifying (Official's Signature		
	0	0	0	0	Categorica	Eligibility	0	0	0		
otal Income	Weekly Bi-Weekly 2x Month Monthly			Monthly	Household Size	Free	Reduced	Denied			
		How	often?				Eligibility.				