

INSTRUCCIONES Fuentes de ingresos

Fuente de ingresos de niños	
Fuentes de ingreso del niño	Ejemplo(s)
- Ingresos profesionales	- Un niño tiene un trabajo fijo a tiempo completo o parcial en el que gana un sueldo o salario
- Seguridad Social - Pagos por discapacidad - Beneficios al sobreviviente	- Un niño es ciego o discapacitado y recibe prestaciones de la Seguridad Social - Uno de los padres es discapacitado, está jubilado o ha fallecido y su niño recibe prestaciones de la Seguridad Social
- Ingresos de una persona ajena a la vivienda	- Un amigo u otro familiar da regularmente dinero al niño
- Ingresos de cualquier otra fuente	- Un niño recibe ingresos regulares de un fondo de pensiones privado, anualidad o fideicomiso

Fuente de ingresos de adultos		
Ingresos profesionales	Ayuda pública / pensión alimenticia / manutención infantil	Pensión / jubilación / otros
- Sueldo, salario, bonos en efectivo - Ingresos netos como autónomo (granja o negocio propio)	- Prestación por desempleo - Indemnización laboral - Ingresos de seguridad suplementarios (SSI - Supplemental Security Income) - Ayuda económica del estado o gobierno local	- Seguridad Social (incluidas las prestaciones de jubilación de empleados ferroviarios y por neuroconiosis) - Pensiones privadas o prestación por discapacidad - Ingresos regulares de fideicomisos o bienes inmuebles - Anualidades - Ingresos de inversión - Intereses ganados - Ingresos de alquiler - Pagos regulares en efectivo ajenos a la vivienda
Si está en el Ejército de Estados Unidos: - Sueldo básico y bonos en efectivo (NO incluye el pago de combate, FSSA o subsidios de vivienda privatizados) - Subsidios por vivienda fuera de la base, alimentación y ropa	- Pagos de pensión alimenticia - Pagos de manutención infantil - Prestaciones para los veteranos FSSA o subsidios de vivienda privatizados - Prestación por huelga	

OPCIONAL Identidad étnica y racial de los niños

Estamos obligados a solicitar información sobre la raza de sus niños y su origen étnico. Esta información es importante y ayuda a garantizar que servimos completamente a nuestra comunidad. Responder a esta sección es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

Grupo étnico (marque uno): Hispano o latino No hispano o latino
 Raza (marque una o más): Indio americano o nativo de Alaska Asiático Negro o afroamericano Nativo de Hawái u otra isla del Pacífico Blanco

La Ley Nacional de Comidas Escolares Richard B. Russell requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que firma la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Supplemental Nutrition Assistance Program (SNAP) - Programa de asistencia de nutrición complementaria). Temporary Assistance for Needy Families (TANF) - Asistencia temporal para familias necesitadas). Program or Food Distribution Program on Indian Reservations (FDPIR) - Programa de distribución de alimentos en reservas indias) u otro identificador FDPIR de su niño, o cuando indica que el miembro adulto de la vivienda que firma la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa.

Las personas con discapacidad que requieren medios alternativos de comunicación para informarse del programa (por ejemplo, braille, letra grande, cinta de audio, lengua americana de signos, etc.) deben ponerse en contacto con el organismo estatal o local donde solicitaron sus prestaciones. Las personas sordas o con problemas de audición o deficiencias en el habla pueden ponerse en contacto con el USDA a través del Federal Relay Service (servicio federal de transmisiones) en el (800) 877-8339. Además, puede encontrar información del programa en otros idiomas además del inglés. Para presentar una queja por discriminación contra el programa, rellene el formulario de quejas por discriminación contra el programa de USDA, (USDA Program Discrimination Complaint Form - AD-3027) disponible en línea en: <https://www.usda.gov/oaascr/how-to-file-a-program-discrimination-complaint> y en cualquier oficina del USDA, o escriba una carta dirigida al USDA con toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario relleno a carta al USDA por: correo: 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; o correo electrónico: program.inlake@usda.gov. Esta institución aplica el principio de igualdad de oportunidades.

***Solo use esta dirección si está presentando una queja por discriminación**

No rellenar Para uso exclusivo del colegio

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-Weekly 2x Month Monthly Household size

Categorical Eligibility Eligibility: Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date

Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). **INCOMPLETE APPLICATIONS WILL BE DENIED.**

**If you received notification this school year that your child(ren) is approved for free meals — do NOT complete this form.

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 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.

Child's First Name	MI	Child's Last Name	School & District	Grade	Student? Yes No	Homeless, Migrant, Runaway

STEP 2 Provide case number if any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR

IF NO CASE NUMBER > Go to STEP 3. **IF CASE NUMBER >** Write one case number here, then go to STEP 4 (Do not complete STEP 3).

Case Number:

STEP 3 Report GROSS Income (before deductions) for ALL Household Members (Skip this step if you answered 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.

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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/Child Support/Alimony	Child Income	How often?			Pensions/Retirement/All Other Income	How often?								
		Weekly	Bi-Weekly	2x Month			Monthly	Weekly	Bi-Weekly			2x Month	Monthly						
	\$					\$													
	\$					\$													
	\$					\$													
	\$					\$													
	\$					\$													

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature (all applications MUST be signed by an adult member of the household) PROVIDE COMPLETED FORM TO THE SCHOOL

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

Printed name of adult signing the form

Signature of adult

Daytime Phone and Email (optional)

Today's date

INSTRUCTIONS

Sources of Income

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	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's 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 / Allimony / 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)	- Worker's compensation	- Private pensions or disability benefits
	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
If you are in the U.S. Military:	- Cash assistance from State or local government	- Annuities
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Allimony payments	- Investment income
- Allowances for off-base housing, food and clothing	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

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 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 <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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 FOR OFFICIAL USE ONLY

Categorically Eligible

How often? Weekly Bi-Weekly 2x Month Monthly

Total Income

Household Size

Eligibility: Free Reduced Denied

Date 1st Notice Sent: Date 2nd Notice Sent:

Results: No Change F → R R → F
 Ineligible – Reason:

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date