2018-2019 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) Homeless Student? Migrant, Foster Child's First Name Child's Last Name Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even if not related." Check all that apply 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? Case Number: If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not 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) How often? A. Child Income Child income Bi-Weekly 2x Month Monthly 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) Are you unsure what income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ Earnings from Work the charts titled "Sources Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Child Support/Alimony Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly of Income" for more information. 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 All Adult Household Members section. Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Χ Χ Χ XX (Children and Adults) Primary Wage Earner or Other Adult Household Member STEP 4 STEP 4 Contact information and adult signature. Mail Completed Form To: Amana Academy, 285 South Main Street, Alpharetta, GA 30009 "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 name of adult signing the form Signature of adult Today'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 SecurityDisability PaymentsSurvivor'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	

Date

Determining Official's Signature

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: - Basic pay and cash bonuses	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income 	
(do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Veteran's benefits Strike benefits	- Earned interest - Rental income - Regular cash payments from outside household	

Verifying Official's Signature

Date

OPTIONAL Children's Racial and	Ethnic Identities			
Responding to this section is optional Ethnicity (check one): Hispanic of	and does not affect your children's eligibility for f	formation is important and helps to make sure we are fully serving our community. free or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White		
not have to give the information, but if you do no meals. You must include the last four digits of the signs the application. The last four digits of the so behalf of a foster child or you list a Supplementa Assistance for Needy Families (TANF) Program (FDPIR) case number or other FDPIR identifier f member signing the application does not have a determine if your child is eligible for free or reduct the lunch and breakfast programs. We MAY sha nutrition programs to help them evaluate, fund, or program reviews, and law enforcement officials to In accordance with Federal civil rights law and U. and policies, the USDA, its Agencies, offices, and administering USDA programs are prohibited from	S. Department of Agriculture (USDA) civil rights regulations	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.		
funded by USDA. Do not fill out For School Use Onl	v	This institution is an equal opportunity provider.		
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12				
	How often?	Eligibility:		
Total Income	Weekly Bi-Weekly 2x Month Monthly Household Size	Free Reduced Denied		
		Categorical Eligibility O O		

Confirming Official's Signature

Date