2017-2018 Application for Free and Reduced Price School Meals

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

Submit online:

www.LunchApp.com

op.oto ono applioat	ion por nouconoia. I louco doc a pon	(a porion).				
Definition of Household	Child's First Name	MI	Child's Last Name			Grade Student? Homeles Grade Yes No Child Runawe
Member: "Anyone who is ving with you and shares						Tes No Chillip Ruhawa
ncome and expenses, even not related."						
children in Foster care and						mat ap
hildren who meet the efinition of Homeless ,						Check all that apply
ligrant or Runaway are ligible for free meals. Read low to Apply for Free and						
educed Price School leals for more information.						
STEP 2 Do any H	lousehold Members (including you) curr	ently participate in	one or more of the fo	ollowing assistance program	s: SNAP TANE or EDPIR?	,
Do any t		only participate ii			,,	
	If NO > Go to STEP 3.	'ES > Write a case	e number here then go to	STEP 4 (Do not complete STE	Case Number:	
						Write only one case number in this space
STEP 3 Report In	come for ALL Household Members (Skip th	his step if you answ	ered 'Yes' to STEP 2)			
	A. Child Income				Child income Weekly	How often? Bi-Weekly 2x Month Monthly
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Plea	se include the TOTAL inc	ome received by all	\$	DEVICENCY ZAVIOLIST WICHISTY
	B. All Adult Household Members (inc	cluding vourself)			Ψ	0 0 0
Are you unsure what ncome to include here?	List all Household Members not listed in STE	P 1 (including yoursel				e income, report total gross income (before taxes)
Flip the page and review	for each source in whole dollars (no cents) or	nly. If they do not rece	How often?	Public Assistance/	ve any fields blank, you are cert How often?	fying (promising) that there is no income to report. Pensions/Retirement/ How often?
he charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month		Weekly Bi-Weekly 2x Month Monthly	All Other Income Weekly Bi-Weekly 2x Month Month
nformation.		\$	0 0 0	\$	0 0 0 0	\$ 0 0 0
The "Sources of Income for Children" chart will		\$	0 0 0	○ \$	0 0 0 0	\$ 0000
nelp you with the Child Income section.		\$	0 0 0	S	0 0 0 0	\$ 0000
The "Sources of Income for Adults" chart will help you with the All Adult		\$	0 0 0	S	0 0 0 0	\$ 0000
Household Members section.		\$	0 0 0	S	0 0 0 0	\$ 0000
	Total Household Members		Social Security Number (S			
	(Children and Adults)	Primary Wage Earn	ner or Other Adult Househo	old Member X X X	XXX	Check if no SSN
STEP 4 Contact i	nformation and adult signature. Mail co	ompleted form to:	Hanover-Horton Sc	hools, Attn: Alan Brenema	n. 10 000 Moscow Road, H	orton MI 49246
	•					
	tion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under app			ecuon with the receipt of Federal funds	, and that School officials may Verity (check) the information. I am aware that if I purposely give
reet Address (if available)	Apt#	City		State Zip	Daytime Phone and	Email (optional)
inted name of adult signing	the form	Signature of a	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					
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						
not have to give the meals. You must incising the application. behalf of a foster ch Assistance for Need (FDPIR) case numb member signing the determine if your ch the lunch and break nutrition programs to program reviews, ar In accordance with I 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 slude 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 sild 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 to help them evaluate, fund, or determine benefits for their programs, auditors for an administration and 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 ou	t For School Use Only					
Annual Income Total Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly How often? Weekly Bi-Weekly 2x Month Monthly Household Size	y x 12 Eligibility: Free Reduced Denied				

Categorical Eligibility

Date

Confirming Official's Signature