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

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

STEP 1 List A	L Household Members who are infants, c	hildren, and studer	nts up to and incl	uding grade 1	2 (if more spaces a	are required for additional na	mes, 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. Rea How to Apply for Free are Reduced Price School Meals for more information	id id id		Child's Last N				Grade Student? Foster Child			
	If NO > Go to STEP 3. If	YES > Write a case	e number here then	go to STEP 4 <u>(</u>		Coos Number	Write only one case number in	this space.		
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income	A. Child Income Sometimes children in the household earn of Household Members listed in STEP 1 here. B. All Adult Household Members (in List all Household Members not listed in ST for each source in whole dollars (no cents) of Name of Adult Household Members (First and Last	or receive income. Plea Including yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTA If) even if they do no ive income from any How of	L income receiv t receive income v source, write '0	. For each Household	\$ O		eport. ?		
for Children' chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0 0 0 0 0 0 0	0 0 0 0 0 0	\$ \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0) ()) ()) ()) ()) ()		
Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X <th< td=""></th<>										
Street Address (if available	e) Apt #	City		State	Zip	Daytime Phone and	Email (optional)			
Printed name of adult signing the form		Signature of a	Signature of adult Too				Today's date			

Sources of Inc	come for Children	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad		
 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 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income 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				
Race (check one or more	e): 🔲 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 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 For School Use Only

Annual Income Conversion: Weekly	(52, Ev	ery 2	Week	s x 26	, Twice a Month x 24 Monthly x 12						
		How	often?				Eligibility:				
Total Income	Weekly Bi-Weekly 2x Month M			Monthly Household Size			Free	Reduced	Denied		
	0	0	0	\bigcirc	Categorica	l Eligibility	С	\bigcirc	0		
Determining Official's Signature	Da	ate		C	Confirming Official's Signature	Date	Ve	erifying C	Official's Signature	Date	