Mid-Del Public Schools

Printed name of adult signing the form

2022-2023 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Apply online:

Today's date

STEP 1 List ALL	Household Members who are infar	nts, ch	nildren, and studen	its up to	and incl	uding gra	ide 12	(if mor	e spaces	are r	equire	d for	additio	nal na	ımes, at	tach ar	other s	heet	of pa	per.)
Definition of Household	Child's First Name	MI	Child's Last Name)			ОВ		Schoo	l Nar	ne			(Grade	St Yes	tudent?		Foster Child	
Member: "Anyone who is living with you and shares																		Γ	Crina	ranawa
income and expenses, even if not related."								= 1										apply		
Children in Foster care and children who meet the definition of Homeless .								_										Check all that apply		
Migrant or Runaway are eligible for free meals. Read						=												Check		
How to Apply for Free and Reduced Price School Meals for more information.						_														
	ousehold Members (including you)	CULLE	ntly participate in o	ne or m	ore of the	following	n acci	stance	programs	: SNA	P TA	NF or	EDPIR:	?				_		
oral 2 Board	ouschold Members (melduling you)	Curre	nitry participate in c		iore or the	TOHOWIN	g a331.	starioc _i	programs	s. Oltr				•						
	If NO > Go to STEP 3.	If YE	S > Write a case n	umber h	ere then go	to STEP	4 <u>(</u> Do <u>r</u>	ot comp	olete STEP	<u>9 3</u>)	Са	se Nu	mber:			Write or	nly one ca	se num	nber in t	this space
STEP 3 Report Inc	come for ALL Household Members (S	kip thi	is step if you answer	ed 'Yes'	toSTEP 2)														
	A. Child Income														w often?					
	Sometimes children in the household ea Household Members listed in STEP 1 h		eceive income. Please	include t	he TOTAL i	ncome rec	eived b	y all		\$ Cr	ild incom	ie	Weekly	Bi-Wee	kly 2x Month	Monthly				
	B. All Adult Household Members																			
Are you unsure what income to include here?	B. All Adult Household Members List all Household Members not listed in for each source in whole dollars (no cer	n ŜTEP	1 (including yourself)		from any so	urce, write				lember	elds bla	ınk, yol						incom	ne to re	eport.
income to include here? Flip the page and review the charts titled "Sources	List all Household Members not listed in	n STEP nts) only	1 (including yourself)	e income		urce, write	'0'. If y		'0' or leave	lember e any fi		nk, you often?	ı are cer	tifying (g) that th		incom Hov	ne to re	eport.
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Signature of adult

Sources of Inc	ome 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				

S	ources of Income for Ad	dults
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) 	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest 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 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, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (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: Weekl	y x 52, Every 2 Wee	eks x 26, Twice a Mo	onth x 24 Monthly x 12	Flicibility.	
Tatalilassassa	How often?			Eligibility:	
Total Income	Weekly Bi-Weekly 2x Mo	nth Monthly Household \$	Size	Free Reduced Denied	
	0 0 0		Categorical Eligibility		
Determining Official's Signature	Date	Confirming Of	ficial's Signature Date	Verifying Official's Sig	anature Date