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

	Daytime Phone and Email (Ontional)	Zip	State	City	Apt#	Street Address (if available)
eck) the information. I am aware that if I purposely give	t school officials may verify (che	ceipt of Federal funds, and tha	ion is given in connection with the re	ted. I understand that this informaticable State and Federal laws."	STEP 4 Contact information and adult signature "Locrify (promise) that all information on this application is true and that all income is reported. Lunderstand 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 purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	STEP 4 Contact info "I certify (promise) that all informat false information, my children may
I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).	Medicaid or the State Chil	e meal application with I	rom my free and reduced pric	icials to share information fr	O I do not want school off	Disclosure (Optional)
Check if no SSN.		×	curity Number (SSN) of er Adult Household Member	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Total Household Members (Children and Adults)	
0000	0	\$	0 0	\$		you with the All Adult Household Members section
\$	0 0	\$	0 0 0	\$		The "Sources of Income for Adults" chart will help
\$	0 0 0	\$	0 0 0	\$		Income section.
0000	0 0 0	\$	0 0 0	\$		The "Sources of Income for Children" chart will
0000	0 0	\$	0	*		IIIOIII acion.
Pensions/Retirement/ How often? All Other Income Weekly B=Weekly \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \	How often? kly Bi-Weekly 2x Month Monthly	Public Assistance / Child Support/Alimony Weekly	How often? Bi-Weekly 2x Month Monthly	Earnings from Work Weekly	Name of Adult Household Members (First and Last)	Flip the page and review the charts titled "Sources of Income" for more information
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.	o receive income, report total ng) that there is no income to	nold Member listed, if they d , you are certifying (promisir	ot receive income. For each Housel u enter '0' or leave any fields blanl	iding yourself) even if they do no from any source, write '0'. If you	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 i 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.	Are you unsure what income to include here?
How often? Weekly B-Weekly 2x Month Monthly	Child income Weekly	⋄	AL income received by all	income, Please include the TOT/ cluding yourself)	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)	
lentifier:	ifier. Case Number or Identifier:	y one case number or identifier.	write only one or to STEP 2)	STEP 4. (Do not complete STEP step if you answered 'Yes	3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3) Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	STEP 3 Report Inco
	m (SNAP)?	utrition Assistance Progra	nce program: Supplemental N	ipate in the following assista	Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?	STEP 2 Do any Hous
Check all that apply Check all that apply Check all that apply	School	Name of School	Name	MI Child's Last Name	Cliid's Flist Natile	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
t of paper)	mes, attach another sheet	equired for additional na	ggrade 12 (if more spaces are I	students up to and including	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)	STEP 1 List ALL Hou

		Moi Anr			O Denied	Reduced	0	Eligibility: O Free Reason for denial	
	Every 2 wks X 26=	Eve	awn:	Date Withdrawn:	Categorically Eligible:	SNAP:		Household Size:	
	2x/monthX 24=	2×/	O Year	O Month (O Twice a Month	Every 2 Weeks	O Eve	Per: O Week	
show calculations	Annual Income Conversion: Weekly X 52=	Aı We						School use only Total Income:	
email: program.intake@usda.gov. This institution is an equal opportunity provider.	Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	Office of the Assistant Secretal 1400 Independence Avenue, S Washington, D.C. 20250-9410			retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Do not fill out For School Use Only	ts activity. (Not all prohibite For School Use Only	rights activity. For School	aliation for prior civil Do not fill out	7
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.ascr.usda.gov/sites/default/files/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 the USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient defail 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	m discrimination complaint, a complainant should complomplaint Form, which can be obtained online, at https://complaint.Form.0508-0002-508-11-28-17Fax2N.cor by writing a letter addressed to the USDA. The lett one number, and a written description of the alleged distant Secretary for Civil Rights (ASCR) about the nature AD-3027 form or letter must be submitted to USDA by:	To file a program discrimination complaint, Discrimination Complaint Form, which can USDA-OASCR%20P-Complaint-Form-050 (866) 632-9992, or by writing a letter address, telephone number, and a written inform the Assistant Secretary for Civil Rigi The completed AD-3027 form or letter mus mail: U.S. Department of Agriculture	Ve will use inforcement ion and law as, this isal or	a social security number, V and for administration and exducation, health, and nutritors for program reviews, autors for program reviews, arights regulations and policisex, age, disability, and represex, age, disability	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 Law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or	d member signing child is eligible to the discount of the child is eligible to the child is eligible to the may share you, or determine book into violations the U.S. Departmating on the basing	dult household ermine if your ermine if your fast programs evaluate, fun help them loberal Law and from discrimin	you indicate that the adult household member signing the application d your information to determine if your child is eligible for free or reduced of the lunch and breakfast programs. We may share your eligibility info programs to help them evaluate, fund, or determine benefits for their prenforcement officials to help them look into violations of program rules. In accordance with Federal Law and the U.S. Department of Agriculture institution is prohibited from discriminating on the basis of race, color, ne	ing professions
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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.	nade available in languages other the cation for program information (e.g.) If the responsible State or local Ag 2600 (voice and TTY) or contact U	Program information may be malternative means of community Sign Language) should contact TARGET Center at (202) 720-877-8339.	to give the ce meals. Sehold ster child or when	pplication, You do not have child for free or reduced pr e earner or other adult hou you apply on behalf of a for SNAP identifier for your ch	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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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) case number or other SNAP identifier for your child or when	nool Lunch Act re all needed inform of the social secu The social securit sistance Program	National Sch do not submit ast four digits application. T	Richard B. Russel ormation, but if you ormation, but if you or must include the I mber who signs the list a Supplementa	でまる単寸
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	make sure we are fully serving our community of the state of the serving our community our community of the serving our community our community of the serving our community our community our community our community our community our community of the serving our community our	mation is important and helps to meals. Black or African American N	ormation meals. Black o	and ethnicity. This inf free or reduced price nic or Latino Asian	We are required to ask for information about your children's race and ethnicity. This informatio 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	nformation about you not affect your childr Hispanic or Latino American India	lo ask for in land does one):	We are required to ask for i section is optional and does Ethnicity (check one):	₽ 5 8 5
					c Identities	Children's Racial and Ethnic Identities	Children's R	OPTIONAL	
Regular cash payments form outside household	Veteran's benefits Strike benefits	G		ite pension fund, annuity,	A child receives regular income form a private pension fund, annuity, or trust.	A child receive or trust.	her source	Income from any other source	
 Investment income Earned interest Boat-Lincome 	Alimony payments Child support payments	privatized housing allowances) • Allowances for off-base housing, food and clothing	foo Al	rly give a child spending	A friend or extended family member regularly give a child spending money.	A friend or ext	outside the	Income from person outside the household	
 Private pensions or disability benefits Regular income from trusts or estates Annuities 	Supplemental Security Income (SSI) Cash assistance from state Cash assistance from state	employment (farm or business) If you are in the U.S. Military: Basic pay and cash bonuses (do not include combat pay, FSSA or		al security benefits. Id their child receives Socii	A child is blind or disabled and receives social security benefits. A parent is disabled, retied, or deceased, and their child receives Social Security benefits.	A child is blind or A parent is disabl Security benefits	nents	Social Security Disability Payments Survivor's Benefits	• • •
Social Security (including railroad retirement and black lung benefits)	 Unemployment benefits Worker's compensation 	Salary, wages, cash bonusesNet income from self-	• Nı	nere they earn a regular	A child has a regular full or part-time job where they earn a regular salary or wages.	A child has a reg salary or wages		Earnings from work	-
Pensions/Retirement/ All Other Income	Public Assistance/Alimony/ Child Support	Earnings from Work			Example (s)		Income	Source of Child Income	
Adults	Source of Income for Adults				Sources of Income for Children	Sources of I			r —
			 			Sources of Income	Sources	INSTRUCTIONS	1

Income Eligibility Guidelines Effective July 1, 2023 to June 30, 2024

Households with total incomes less than or equal to the values below are eligible for free or reduced- price meals.

=	F	Reduced Pr	ice Meals	5		Free Meals				
HH Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1:	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8_	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
Add for each addition	+9,509	+793	+397	+366	+183	+6,682	+557	+279	+257	+129

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS, AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE INCOME ELIGIBILITY APPLICATIONS FOR FREE AND REDUCED- PRICE MEALS.