

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security <ul style="list-style-type: none">Disability 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 give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

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

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">Unemployment benefitsWorker's compensationSupplemental Security Income (SSI)Cash assistance from state or local governmentAlimony paymentsChild support paymentsVeteran's benefitsStrike benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private pensions or disability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

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 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 retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Do not fill out For School Use Only

School use only

Total Income: _____

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: ☐ Free ☐ Reduced ☐ Denied

Reason for denial: _____

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.

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) 632-9892, 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 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 fax: (833) 256-1665 or (202) 690-7442;

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Annual Income Conversion: show calculations

Weekly _____ X 52= _____

2x/month _____ X 24= _____

Every 2 wks _____ X 26= _____

Monthly _____ X 12= _____

Annual _____ X 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.

Reduced Price Meals						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.