# **2023-2024 Application for Free and Reduced-Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Internal Use Only: APPLICATION #

STEP1 List ALL	infants, children, and students up to	and including grade 12 in your	household (if more spaces are required f	or additional names, attach another sheet of	paper)	
	Child's First Name	MI Child	's Last Name	School Name	Homeless, Foster Migrant, Child Runaway	
Definition of <b>Household</b> <b>Member</b> : "Anyone who is living with you and shares income and expenses, even if not related."						
Children in Foster care		<b>┿╋╋╋╋┥┝╌┥┝┿</b>				
and children who meet the definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are		<b>┿╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋╋</b>				
eligible for free meals.						
STEP 2 Do any H	lousehold Members (including you)	currently participate in one or	more of the following assistance pro	grams: SNAP, TANF, or FDPIR? Circle	one: Yes / No	
	If you answered NO > Complete STEP 3.	If you answered YES > Write a cas	se number here then go to STEP 4 (Do not com	plete STEP 3) Case Number:		
	,			Write only one ca	se number in this space.	
STEP 3 Report I	ncome for ALL Household Membe	<b>rs</b> (Skip this step if you answered '	Yes' to STEP 2)			
Are you unsure what income to include here? Flip to the back of this application and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.		Iuding yourself)         ng yourself) even if they do not receive         s only. If they do not receive income from         GROSS       How ofter         Earnings from Work       Weekly Bi-Weekly 2x         \$       O       O         \$       O       O	income. For each Household Member listed, if th any source, write '0'. If you enter '0' or leave any Public Assistance/ Child Support/Alimony Weekly Bi-V S S S S S S S S S S S S S S S S S S S	ey do receive income, report total GROSS income ( fields blank, you are certifying (promising) that ther dow often? Pensions/Retirement/		
	(Children and Adults)	Last Four Digits of Social So Primary Wage Earner or Oth	her Adult Household Member	X X Check if no SSN		
STEP 4 Contact	information and adult signature	Mail Completed Form to:	: LPA LAKESIDE 8140 E. Golf Li	inks Rd. Tucson AZ 85730		
connection with the receipt of Fede	on on this application is true and that all income is report ral funds, and that school officials may verify (check) the lose meal benefits, and I may be prosecuted under appli	information. I am aware that if I purposely give	Eligibility: Free Reduced Denied_ Determining Official's Signature:		DError Prone	
Signature of adult completing the form       Today's date         Income Application       Directly Certified: Date of Disregard:         Income Application       Household Size:						
Printed name of adult completing t	e form Daytime Phone and	I Email (optional)	Total Income: Per: □Week □B	ii-Weekly (Every 2 Weeks)	□Annual te:	
Street Address (if available)	Apt # City	State Zip	Follow-Up Official's Signature:	Date:		

## INSTRUCTIONS Sources of Income

S	ources of Income for Children	Sources of Income for Adults			
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability</li> <li>Regular income from trusts or estates</li> </ul>	
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.	- Net income from self- employment (farm or business) If you are in the U.S. Military:	- Workers Compensation - Supplemental Security Income (SSI)		
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.	- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing	- Cash Assistance from State or local government	- Annuities - Investment Income	
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.	allowances) -Allowances for off-base housing, food and clothing	- Alimony payments - Child support payments	- Earned Interest - Rental Income	
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Veteran's benefits - Strike benefits	- 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

 $\Box$  Native Hawaiian or Other Pacific Islander  $\Box$ 

□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 on the basis of 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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: program.intake@usda.gov.

This institution is an equal opportunity provider.