



Dear Parent/Guardian:

Children need healthy meals to learn. **AZACS** offers healthy meals every school day. Breakfast costs \$2.19; lunch costs \$3.72. Your children may qualify for free meals or for reduced-price meals. Reduced-price is also currently free. This packet includes a school meal application for free or reduced-price meal benefits, application directions, and AZACS Unpaid Meal Policy. Below are some common questions and answers to help you with the application process.

1. WHO IS ELIGIBLE FOR FREE MEALS?

- a. All children in households receiving benefits from **SNAP, Food Distribution Program on Indian Reservations (FDPIR), TANF, Direct Certification-Medicaid Free (DC-M Free)** can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school’s Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced-price meals if your household’s gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart for 2024-2025			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$ 27,861	\$ 2,322	\$ 536
2	\$ 37,814	\$ 3,152	\$ 728
3	\$ 47,767	\$ 3,981	\$ 919
4	\$ 57,720	\$ 4,810	\$ 1,110
5	\$ 67,673	\$ 5,640	\$ 1,302
6	\$ 77,626	\$ 6,469	\$ 1,493
7	\$ 87,579	\$ 7,299	\$ 1,685
8	\$ 97,532	\$ 8,128	\$ 1,876
Each additional person:	\$ 9,953	\$ 830	\$ 192

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your

family relocate on a seasonal basis (migrant worker)? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Tracy Malcolm-tmalcolm@autismcharter.org

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Holly Vaughan** at [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org), or send to ATTENTION: Holly Vaughan, Arizona Autism Charter Schools, 4125 N 14<sup>th</sup> Street, Phoenix, AZ 85014.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? **No, but please read the letter you got carefully.** If any children in your household were missing from your eligibility notification, contact Holly Vaughan at 602-882-5544 or [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org) immediately.

#### 5. CAN I APPLY ONLINE?

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit:

<https://mealapp.lunchtimesoftware.net/>

The instructions and parent's guide are in the upper left hand corner of the webpage.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year through **August**. **You must send in a new application unless the school told you that your child is eligible for the new school year.**

If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals. \$3.72 for Lunch and \$2.19 For breakfast after the 30 day eligibility carryover expires.

7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. **Please fill out an application.**
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling 602-885-5544 or writing to AZACS Administration at 4125 N 14<sup>th</sup> St, Phoenix, Az 85014.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact **Holly Vaughan** at [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org), or call 602-882-5544 to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-855-777-8590.

If you have other questions or need help, call **Holly Vaughan 602-882-5544**

Sincerely,

**Arizona Autism Charter Schools Administration**

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*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/ad-3027.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](mailto:Program.Intake@usda.gov)*

*This institution is an equal opportunity provider.*

## INSTRUCTIONS FOR APPLYING

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Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **AZACS**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact: **Holly Vaughan, 602-882-5544, [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org), 4125 N 14<sup>th</sup> St, Phoenix, AZ 85014.**

Please **use a pen (not a pencil)** when filling out the application and do your best to print clearly.

### STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

### STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and **go directly to STEP 4.**

If No- Leave this section blank and **go to STEP 3.**

- Please note that the 16-digit QUEST Electronic Benefit Transfer Card number starting in '5077' is not an appropriate Case Number.

### STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> <li>• Disability payments</li> <li>• Survivor Benefits</li> </ul>	<p>A child is blind or disabled and receives Social Security benefits.</p> <p>A parent is disabled, retired, or deceased and their child receives social security benefits.</p>
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

- B. Adult Household Members and Income-** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.** List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

<b>Sources of Income for Adults</b>		
<b>Earnings from Work</b>	<b>Public Assistance/ Alimony/Child Support</b>	<b>Pensions/Retirement/All Other Income</b>
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> <p><b>For military families:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Workers Compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash Assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment Income</li> <li>• Earned Interest</li> <li>• Rental Income</li> <li>• Regular cash payments from outside household</li> </ul>

The back of the application provides the same Sources of Income charts.

**C. Total number of household members and SSN**

Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in STEP 1 and STEP 3.

Report the last 4 digits of the Social Security number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

**STEP 4- CONTACT INFORMATION AND ADULT SIGNATURE**

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

**OPTIONAL INFORMATION**

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

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Once the form is completed, it should be mailed, or delivered to **Holly Vaughan-Student Nutrition Manager-Arizona Autism Charter School, 4125 N 14<sup>th</sup> St, Phoenix, AZ 85014.**

*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.*

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*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/ad-3027.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](mailto:Program.Intake@usda.gov)*

*This institution is an equal opportunity provider.*



# 2024-2025 AZACS -Unpaid Meal Charge Policy



AZACS participates in the National School Lunch Program and serves breakfast and lunch daily.

## **Purpose of this policy:**

The purpose of this policy is to establish a procedure for serving meals when students do not have money to pay, preventing unpaid balances, preventing overt identification of payment status, and ensuring eligible children are certified for free and reduced-price school meals.

## **Meal Charges:**

All children in attendance at any AZACS' school participating in this federal school meal service program are annually informed of the availability of reimbursable school meals and are provided information about applying for free or reduced-price meals at the beginning of the school year.

This unpaid meal charge policy will be made available to all families by providing this policy document with the application and instructions for applying for free and reduced-price school meals at the beginning of the school year. Families transferring in during the school year will receive this policy in their new student packet. In addition, this policy will be available upon request from each school's front office and posted on the school's website.

This meal charge policy addresses children who are participating at the reduced price or paid rate but who do not have money, in their pre-paid account or in hand, at the time of service, to cover the cost of the meal. No student eligible for free meals will be denied a reimbursable meal for any reason. All non-eligible students will be charged for their meal. Students with a negative account balance may be served a healthy alternative meal.

## **Preventing Unpaid Meal Charges:**

- Meal applications are made available prior to the start of the school year after July 1, on AZACS website, throughout the school year at AZACS school sites, and are accessible via an online portal. The online application can be accessed at: <https://mealapp.lunchtimesoftware.net/>
- State data is promptly utilized to certify eligible children without an application.
- Meals are able to be paid for in advance: AZACS utilizes a pre-order, pre-payment system that requires parents/guardians to pre-order meals, online, monthly, and in advance, at: <https://www.schoolpaymentportal.com>. This pre-payment and marking served system prevents overt identification of a student's meal payment status at the point of service, the only information displayed at the POS is the student's name and order status.
- If needed, students/families may make payments for their meals in the front office by check or cash if they do not have access to the internet school payment portal. All payments need to be made out to Arizona Autism Charter School.
- **If a student has not prepaid the cost of the meal at the time of service, the student may still be served if they request a meal.** The student may accrue unpaid meal charges. Families are advised to **OPT OUT** of the lunch program if they do **NOT** want their student served a meal by contacting the Student Nutrition Manager at [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org) **before meal service begins in August.**
- All families are asked to pre-order and pre-pay (when required) for meals in advance. IF a student does not have enough money in their account to cover the cost of their meal, or a pre-order in place, they may be served a nutritious alternative meal in lieu of the daily menu option offered that day in the event that preordered meal supply is low or runs out. Families are encouraged to keep up with student account balances and meal preorders through the

<https://www.schoolpaymentportal.com>. Alternative meals will be presented in the same manner as the daily meal offering, as a bagged sandwich lunch with side items and a beverage, students will not be singled out or overtly identified as receiving an alternative meal.

- When a student is marked served at the Point Of Service, that meal will be charged to the student's Lunchtime account at the lunch rate based on their meal payment status (free/reduced/paid). AZACS charges \$3.72 for lunch, and \$2.19 for breakfast. Reduced price meals are Free at AZACS for the 2024-2025 school year until Pandemic Benefits run out. Families will be notified if Pandemic benefits run out and reduced meals will need to be paid for at the reduced rate.
- Households are notified promptly of negative account balances and the potential to accrue meal debt by e-mail or phone call from the Student Nutrition Manager, Holly Vaughan.  
[hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org)

### **Collecting Unpaid Meal Debt:**

Communication regarding students unpaid meal debt shall focus primarily on parents or guardians in the household responsible for providing funds for meal purchases : The parents or guardians of a student who requests and receives a meal that was not ordered and paid for in advance will be notified via e-mail or phone call that a meal was consumed and a charge was placed on their Lunchtime account and is due.

Information will also be provided at this point of contact on how to apply for free or reduced price meals if the family is eligible and has not submitted an application. If a household is subsequently certified for free school meals at a point later in the school year they shall not be required to repay school meal debt accrued prior to the certification date of the application. If there is a financial hardship the student nutrition manager can discuss payment options such as an individualized repayment plan if needed. Meal balances may be requested at any time by contacting Food Services- Holly Vaughan, Student Nutrition Manager at [hvaughan@autismcharter.org](mailto:hvaughan@autismcharter.org) or by logging into the school payment portal.

Prior to contacting households regarding unpaid meal debt, the student nutrition manager shall ensure the student is not participating in SNAP, TANF or other federal programs, which would confer categorical eligibility for free school meals, or is not homeless, migrant, or in foster care and would allow them to be certified without an application.

### **Carry-Over unpaid meal debt:**

The Student Nutrition Manager will maintain documentation of each household communication interaction regarding unpaid meal balances. **Negative balances must be cleared up before the end of the school year. Notification will continue until the debt has been paid. All negative balances at the end of the school year will carry over to the next school year.**

This meal charge policy is provided to and is reviewed with all school level staff responsible for policy enforcement, including food service personnel responsible for meals service at the POS, and food service staff responsible for notifying families of outstanding balances.

**This institution is an equal opportunity employer.**

# 2024-2025 Application for Free and Reduced-Price School Meals

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

## STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: \_\_\_\_\_

Write only one case number in this space.

## STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

### A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often?	
	Weekly	Bi-Weekly 2x Month Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>

### B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars 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.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income	
	Weekly	Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly 2x Month Monthly
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>

### C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X X X

Check if no SSN

## STEP 4

Contact information and adult signature

Mail Completed Form to: 4125 N. 14<sup>th</sup> Street, Phoenix, AZ 85014

I certify (promise) that all information on this application is true and that all income is reported. I understand 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 I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if available) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### OFFICE USE ONLY

Eligibility: Free  Reduced  Denied  Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case # Application  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_

Income Application  Homeless/Migrant/Runaway Household Size: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Weeks)  2x Month  Monthly  Annual

Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Error Prone

**INSTRUCTIONS Sources of Income**

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <i>outside</i> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
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) <b>If you are in the U.S. Military:</b> - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - 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 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/ag-3027.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](mailto:Program.Intake@usda.gov)

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