OPTIONAL Children's Racial and Ethnic Identities

important and helps to make sure we are fully serving our community.

We are required to ask for information about your children's race and ethnicity. This information is

| 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 Black or African American Native Hawaiian or Other Pacific Islander White | | | reduced your child for free or security number of the digits of the social sor you list a Supplem Needy Families (TAN case number or other household member sor your information to deadministration and eligibility information fund, or determine be | 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. | | |
|--|--|---|--|---|--|--|
| For School Use Onl | у | | | A Admin | | |
| rerification: s Signature: n Household: | | Follow-up Offi | cial's Signature: | | Date of Adverse Notice Sent: | |
| PIR/Foster Eligibility | Income | | | Verification Results | Reason for Eligibility Change | |
| Not confirmed | \$ | | Wage Stubs | Free to Reduced | Income | |
| | | Weekly | Written Documents | Free to Paid | Household Size | |
| Department of Human Services | | Every 2 weeks | Collateral Contact | Reduced to Free | Refused to Cooperate | |
| Notice of Eligibility | | Twice a month | Agency Records | Reduced to Paid | Other | |
| | | Monthly | Other | No Change | | |
| 1 1 1 1 1 | L. | Annual | 0 | | | |
| where applicable, political information in employment Civil Rights program compe, or call (866) 632-9992 to nent of Agriculture, Directal.gov. Individuals who amportunity provider and emp | I beliefs, marital a or in any program plaint of discrimir o request the forn tor, Office of Ad e deaf, hard of h ployer. | status, familial or parental statun or activity conducted or funder nation, complete the USDA Pron. You may also write a letter corjudication, 1400 Independence aring or have speech disabili | is, sexual orientation, or all or part d by the Department. (Not all prohibited and Discrimination Complaint Fontaining all of the Information request exercise Avenue, S.W., Washington, D. ties may contact USDA through the | of an individual's income is derive ted bases will apply to all programs a sorm, found online at http://www.ascieted in the form. Send your comple C. 20250-9410, by fax (202) 690-e Federal Relay Service at (800) 877 | ed from any public assistance program, and/or employment activities.) r.usda.gov/complaint fling cust.html, eted complaint form or letter to us by -7442 or email at 7-8339; or (800) 845-6136 (Spanish). | |
| | r Latino nic or For School Use Onl Ferification: Signature: Household: PIR/Foster Eligibility Not confirmed Department of Human Services Notice of Eligibility to of Agriculture prohibits of where applicable, political information in employment Civil Rights program compe, or call (866) 632-9992 to the of Agriculture, Directagov. Individuals who are portunity provider and emportunity provi | Race (check one Race (check one American Asian Black or Af Native Haw White White PIR/Foster Eligibility Not confirmed Department of Human Services Notice of Eligibility Notice of Eligibility Civil Rights program complaint of discrimination in employment or in any program Civil Rights program complaint of discrimination of Agriculture, Director, Office of Adagov. Individuals who are deaf, hard of its portunity provider and employer. | Race (check one or more): Race (check one or more): American Indian or Alaskan Native Asian Asian Native Hawaiian or Other Pacific Islander White White For School Use Only | section is optional and does not affect your children's eligibility for free or reduced Race (check one or more): Race (check one or more): American Indian or Alaskan Native Security number of t digits of the social s or you list a Supplem Needy Families (TAN case number or other household members your information to administration and eligibility information fund, or determine be enforcement officials For School Use Only | section is optional and does not affect your children's eligibility for free or reduced for enduced price meals. You must is security number of the adult household member who digits of the social security number is not required who require | |

The Richard B. Russell National School Lunch Act requires the information on this

2015-2016 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

| Approval Date: | |
|----------------|--------|
| Amman and for | -ПоПоП |

| | | Approved for F R D D | | | | | |
|--|---|--|--|--|--|--|--|
| STEP 1 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) | | | | | |
| 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 Applyfor Free and Reduced Price School Meals for more information. | MI Child's Last Name | Student? Yes No Child Runawa | | | | | |
| 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 | | | | | | | |
| Reduced Price School Meals for more Information. The B. All Adult Household Members (Included in STEP) List all Household Members not listed in STEP | iling yourself) (Including yourself) even if they do not receive income. For each from any source, write '0'. If you enter '0' or leave any fields blan How often? Earnings from Work Weekly Bi-Weekly 2x Month Monthly Child Sur \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ O O O O O O O O O O O O O O O O O O | | | | | |
| (Children and Adults) | Primary Wage Earner or Other Adult Household Member | X X X Check if no SSN | | | | | |
| STEP 4 Contact information and adult signature "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." | | | | | | | |
| | | | | | | | |
| Street Address (if available) Apt # | City State Zip | Daytime Phone and Email (optional) | | | | | |
| Printed name of adult completing the form | Signature of adult completing the form | Today's date | | | | | |