



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.)

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 School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Mark if Applicable	
					Foster?	Homeless, Migrant or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: (mark which program) _____ SNAP, _____ TANF, or _____ FDIPIR?

IF NO > Go to STEP 3 If YES> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

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 or receive income. Please include the TOTAL income received by children.

Child's Income: \$ _____

How often?	Wk	BiWk	2xMo	Mo.

B. All Adult Household Members (including yourself): 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 receive income, report total income for each source in whole dollars (*no cents*) only. Check how often income is received. 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?

Flip the page 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 All Adult Household Members section.

Name of Each Adult Household Member (First and Last) <i>A household member is anyone who is living with you and shares income and expenses, even if not related.</i>	Gross Wages from Work				Net Income from Farm or Self-Employment <i>(after business expenses)</i> Annual	Other Support				All other Income						
	Gross Pay (before deductions) <i>Do not enter hourly wage</i>	How Often?				Public Assistance/ Child Support/ Alimony	How Often?				Pension/ Retirement/ Disability/ Veteran's Benefits	How Often?				
		Wk	BiWk	2xMo			Mo.	Wk	BiWk	2xMo		Mo.	Wk	BiWk	2xMo	Mo.
	\$				\$	\$				\$						
	\$				\$	\$				\$						
	\$				\$	\$				\$						
	\$				\$	\$				\$						

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **XX XX - XX** _____ (X if NO Social Security Number)
Does your child have health insurance? Many children who qualify for free and reduced-priced meals may also qualify for low-cost information or to see if your child may qualify, visit <https://www.applyforhelp.nd.gov/> or call 1-844-854-4825.

STEP 4 Contact information and adult signature. Mail Completed Form to: INSERT SCHOOL NAME AND ADDRESS HERE

"I certify (promise) that all information on this application is true and correct and all household members and incomes are 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 (Form must be signed to be complete.) _____ Print Name: _____ Date: _____

Address _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Do Not Fill Out - For School Use Only

Annual Income Conversion: (Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12) Total Income _____ Approval: Case Number _____ Free _____ Reduced _____ Denied _____

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor'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 gives a child spending money
-Income from any other source	- A child receives regular 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 (<u>Farm or Business</u> : <i>if number is negative, write in \$0</i> <u>If you are in the U.S. Military:</u> - 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 - Worker's 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 benefits - 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 Pacific Islander White

Program

Assurances and Rights

The **Richard B. Russell National School Lunch Act** requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

FAX: (202) 690-7442; or (833) 256-1665; or
EMAIL: program.intake@usda.gov.

***Only use this address if you are filing a complaint of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.