



DEAR SVA PARENTS AND SCHOLARS:

Hello families! I can't wait to start another great school year with all of you. We've had construction, improvements, rearrangements, and we even got a new campus. If you're new, welcome. I look forward to meeting you. If you're returning, welcome back. I'm excited to see you again. I've missed you all. I hope you'll come say hi to me when you can. I want to hear everything you've been up to since May.

Please read this entire packet. It has all the information you need about your child's school meals. A lot of it is the same as last year, but there have been some changes and updates made to the lunch program for this year.

Every family is required to complete the Household Application for Free and Reduced-Price Meals included in this packet and return it as soon as possible. This will determine whether you qualify for Free, Reduced-Price, or Full-Price meals. Please only complete one application for your entire family, not one per student, and make sure to list all students and other people living in your house, no matter their age or relation to you. If you're eligible, your Free or Reduced status begins on the date of approval, not the first day of school, so turn yours in now. You will be charged for meals taken by your children before your application is turned in.

If your family is eligible for Free or Reduced-Price meals, your children are entitled to one school breakfast and one school lunch every day at no charge. If you are eligible for Full price, you will be charged accordingly for every meal your child takes. You will be billed weekly and will be responsible for keeping your child's account current. If your child owes more than \$20.00 in school meal charges, they will be given an alternative meal item at no charge every day until the balance is paid. In order to avoid this, please make sure to pay your child's balance at www.myschoolbucks.com every week. You may also put extra money in the account for future meals.

Please see this year's meal prices and times below:

-Breakfast served from 7:30-7:50 a.m. -Full price \$2.10

-Lunch served by grade throughout the day. -Full price \$3.40

We use a caterer who prepares our meals off-site and delivers them to the school every day. Meal portions and prices are set by the USDA and cannot be changed. However, there are sometimes seconds available at no additional charge for scholars in 7th and 8th grade. Scholars are also welcome to bring food from home.

If your child has any allergies or religious restrictions, please notify me by email. I am able to make substitutions for milk allergies, but only if I have official medical information in writing. We can also make substitutions for pork and beef restrictions and other food allergies, again by written request from a parent. Our food is always free of peanuts and tree nuts. A dislike for milk or any other food does not constitute an allergy and I am not able to make any substitutions based on dislike alone. Please notify me of any differences in your child's diet and I will be happy to discuss them with you.

Please speak with your child about the importance of not sharing food with other scholars. Children may have allergies or religious restrictions other children are not aware of. Contagious illnesses can easily spread when food is handled by multiple children before it is eaten. Sharing also makes it extremely difficult for school staff when marking scholars and charging them appropriately for their meals. We take these issues very seriously and do not allow any child to eat food that was not given specifically to them by their parents or school lunch staff. Please stress with your child the importance of not taking other scholars' food, even when it is offered to them.

As always, our main priority is the safety and security of our scholars. If you have any questions or concerns, please don't hesitate to contact me. Thanks so much for your continued support. I know we're in for an amazing year!

Sincerely,

Marianne Welker

Food Service Director

Sun Valley Academy

602-692-4914

mwelker@sunvalleyacademy.org



Every Student. Every Day.

2675 W Baseline Rd. Phoenix, AZ 85041

PHONE 602.692.4914 FAX 602.276.6298

SunValleyAcademy.org

Dear Parent/Guardian:

Children need healthy meals to learn. Sun Valley Academy offers healthy meals every school day. Breakfast costs \$2.10; lunch costs \$3.40. Your children may qualify for free meals or for reduced-price meals. Reduced-price for breakfast and lunch is free. This packet includes a school meal application for free or reduced-price meal benefits and application directions. 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 the attached chart titled Income Eligibility Guidelines.

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? 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 your campus Homeless Liaison below:

SUN VALLEY ACADEMY – SOUTH MOUNTAIN

Amy Austin, Principal

aaustin@sunvalleyacademy.org

602-692-4914

SUN VALLEY ACADEMY – AVONDALE

Jeannie Grochocki, Principal

jgrochocki@sunvalleyacademy.org

623-600-7660

SUN VALLEY ACADEMY – GLENDALE

Leslie Shultz-Crist, Principal

lshultz@sunvalleyacademy.org

602-730-0661

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:

Marianne Welker, NSLP Specialist
2675 W. Baseline Rd.
Phoenix, AZ 85041
602-692-4914
mwelker@sunvalleyacademy.org

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 **Marianne Welker at 602-692-4914** immediately.
5. CAN I APPLY ONLINE? No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact **Marianne Welker at mwelker@sunvalleyacademy.org, 602-692-4914** and refer to the information above to complete a paper application.
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 30, 2024**. 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.
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 or writing to:

SUN VALLEY ACADEMY – SOUTH MOUNTAIN
Amy Austin, Principal
aaustin@sunvalleyacademy.org
602-692-4914

SUN VALLEY ACADEMY – AVONDALE
Jeannie Grochocki, Principal
jgrochocki@sunvalleyacademy.org
623-600-7660

SUN VALLEY ACADEMY – GLENDALE
Leslie Shultz-Crist, Principal
lshultz@sunvalleyacademy.org
602-730-0661

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 **Marianne Welker** at mwelker@sunvalleyacademy.org, 602-692-4914 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 **Marianne Welker** at 602-692-4914.

Sincerely,

Marianne Welker

NSLP Specialist

2675 W. Baseline Rd.

Phoenix, AZ 85041

602-692-4914

mwelker@sunvalleyacademy.org

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

This institution is an equal opportunity provider.



Every Student. Every Day.

2675 W Baseline Rd. Phoenix, AZ 85041

PHONE 602.692.4914 FAX 602.276.6298

SunValleyAcademy.org

INSTRUCTIONS FOR APPLYING

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 Sun Valley Academy. 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 **Marianne Welker** at mwelker@sunvalleyacademy.org, **602-692-4914**.

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">• Disability payments• Survivor 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 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.

Sources 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 bonuses Net income from self-employment (farm or business) <p>For military families:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment Income Earned Interest Rental Income Regular cash payments from outside household

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.

Once the form is completed, it should be mailed, or delivered to:

Marianne Welker, NSLP Specialist
2675 W. Baseline Rd.
Phoenix, AZ 85041
602-692-4914
mwelker@sunvalleyacademy.org

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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

This institution is an equal opportunity provider.

Income Eligibility Guidelines

Effective July 1, 2024 - June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2024 - June 30, 2025

For Determining Official's Use Only

Household Size*	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1,110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1,302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1,493	\$2,098	\$2,966	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1,685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1,876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Additional members, add:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
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Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion + \$200 x 52 = \$10,400 Total Annual Income
 \$3,000 monthly x Monthly Income Conversion + \$3,000 x 12 = \$36,000 Total Annual Income

The incomes are then added together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is \$40,560 and reduced is \$57,720. This household's annual income is \$46,400 – greater than \$40,560, less than \$57,720. Therefore, this household qualifies for reduced-price meals.

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	Has/Hasn't Foster, Migrant, Child, 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"/>

*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.*

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

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: \$ _____

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 Member (First and Last)	GROSS	How often?	Public Assistance?	How often?	Pension/Retirement?	How often?
	Earnings from Work	Monthly	Child Support/Alimony	Monthly	All Other Income	Monthly
		Bi-Weekly		Bi-Weekly		Bi-Weekly
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>
	\$	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>

C. Total Household Members Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: Check if no SSN

STEP 4 Contact information and adult signature **Mail Completed Form to: Sun Valley Academy 2675 W. Baseline Rd, Phoenix, AZ mwelker@sunvalleyacademy.org**

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): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free Reduced Denied Determining Official's Signature: _____ Date: _____

DCase # Application Foster Application Directly Certified: Date of Disregard: _____

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 PHONE

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 outside 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/ Allimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</p> <p>- Allowances for off-base housing, food and clothing</p>	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Allimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - 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 (FDPPIR) case number or other FDPPIR 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/ad-3027.pdf> from any USDA office, by calling (866) 632-9892, 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

This institution is an equal opportunity provider.