## **2017-2018 Prototype Household Application for Free and Reduced Price School Meals** Complete one application per household. Please use a pen (not a pencil).

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 <b>Household</b>	Child's First Name	N	/II Child	's Last Name	)							Grade	Stu Yes	udent? No		Foster	Homeless Migrant, Runawa
Member: "Anyone who is living with you and shares income and expenses, even																	
if not related."															t apply		
Children in <b>Foster care</b> and children who meet the definition of <b>Homeless</b> ,															Check all that apply		
Migrant or Runaway are eligible for free meals. Read															Check		
How to Apply for Free and Reduced Price School Meals for more information.																	
	ousehold Members (including you) curre	ntly participate	in one or	more of the	following	accietar		rams: SN									
bo any n	ousenoid members (including you) curre		in one of		lonowing	a5515tai	ice prog										
	If NO > Go to STEP 3. If YE	ES > Write a ca	ase numbei	r here then go	to STEP 4	<u>(</u> Do <u>not c</u>	complete :	<u>STEP 3</u> )	Ca	se Numbe	r:		Write onl	v one ca	se nurr	nber in th	nis space
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if you ans	swered 'Ye	es' to STEP 2)										, one da			
				,							н	ow often?					
	A. Child Income Sometimes children in the household earn or r	eceive income. Pl	lease includ	e the TOTAL in	come recei	ved by all		Г	hild incom	ie	Weekly Bi-We	eekly 2x Month	Monthly				
	Household Members listed in STEP 1 here.		•					\$			0 (	) ()	0				
Are you unsure what income to include here?	B. All Adult Household Members (incl List all Household Members not listed in STEP	1 (including your	, self) even if														
Flip the page and review			not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are of How often? Public Assistance/ How often?						Pensions/Retirement/ How often?								
the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	Earnings from We	ork Weekly	y Bi-Weekly 2x Mont	th Monthly	\$	Support/Alimo	ony Weekly	Bi-Weekly	2x Month Mon	thly	All Other In		Weekly	Bi-Week	kly 2x Mon	nth Monthly
The "Sources of Income		\$			0	\$			0	0 0		6				0	
for Children" chart will help you with the Child Income section.		\$				\$			0			\$				0	
The "Sources of Income for Adults" chart will help		\$				\$			0							0	
you with the All Adult Household Members		\$			0				0							0	
section.					0	\$				0 0		P				0	0
	Total Household Members (Children and Adults)	Last Four Digits Primary Wage E				Х	x x	X X			Che	ck if no S	SN 🗌				
STEP 4 Contact in	nformation and adult signature. Mail Co	mpleted Form	To: Three	e Lakes Acad	lemy, PO	Box 15	9, Curtis	MI 4982	0								
	on on this application is true and that all income is report									fficials may v	erify (check	) the inform	ation. I am a	aware tha	at if I pu	rposely g	give
false information, my children may l	lose meal benefits, and I may be prosecuted under applie	cable State and Fede	eral laws."	-													
													1)				
Street Address (if available)	Apt #	City			State		Zip		Day	/time Phone	e and Ema	all (optiona	ai)				
Printed name of adult signing t	he form	Signature of	of adult						Tod	lay's date							

Apply online:

www.threelakesacademy.com

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

**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.

	Hispanic or Latino				
Race (check one or more	e): 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, 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: http://www.ascr.usda.gov/complaint\_filing\_cust.html, 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

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

## Do not fill out For School Use Only

Annual Income Conversion: Weekly x	52, Every 2 Weeks	x 26, Twice a Month	x 24 Monthly x 12			
	How often?		•		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month	Monthly Household Size			Free Reduced Denied	
	$\circ \circ \circ$	0	Categorical El	igibility	$\circ \circ \circ$	
Determining Official's Signature	Date	Confirming Official	's Signature	Date	Verifying Official's Signature	Date