

# 2022-2023 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)

**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.

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

**Are you unsure what income to include here?**  
 Flip to the back of this application 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 Adult Household Members Income Section.

**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

**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   | How often?            |                       |                       |                       | Public Assistance/ Child Support/Alimony   | How often?            |                       |                       |                       | Pensions/Retirement/ All Other Income  | How often?            |                       |                       |                       |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |  | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |  | Weekly                | Bi-Weekly             | 2x Month              | Monthly               |
| <input type="text"/>                             | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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**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: OWENS SCHOOL DISTRICT, P.O. BOX 38, WIKIEUP, AZ, 85360

"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**

Error Prone

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: \_\_\_\_\_

Total Income: \_\_\_\_\_ 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: \_\_\_\_\_

**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<br>-Disability payments<br><br>-Survivor Benefits | A child is blind or disabled and receives Social Security benefits.<br><br>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.   |

| Sources of Income for Adults   |  |  |
|--|--|--|
| Earnings from Work   | Public Assistance/ Alimony/Child Support   | Pensions/Retirement/All Other Income   |
| - Salary, wages, cash bonuses<br><br>- Net income from self-employment (farm or business)<br><br><b>If you are in the U.S. Military:</b><br>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)<br><br>- Allowances for off-base housing, food and clothing | - Unemployment benefits<br><br>- Workers Compensation<br><br>- Supplemental Security Income (SSI)<br><br>- Cash Assistance from State or local government<br><br>- Alimony payments<br><br>- Child support payments<br><br>- Veteran's benefits<br><br>- Strike benefits | - Social Security (including railroad retirement and black lung benefits)<br><br>- Private Pensions or disability<br><br>- Regular income from trusts or estates<br><br>- Annuities<br><br>- Investment Income<br><br>- Earned Interest<br><br>- Rental Income<br><br>- 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.

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*This institution is an equal opportunity provider.*