## **2023-2024** Iwakuni Household Application for Free and Reduced Price School Meals Complete one application per household. Please use apen (not a pencil).

LISTALL	Touseriold Members who are illiants, ch	nuren, anu s	studen	is up to and n	nciuality	grade	12 (11 11	iore st	Jaces a	are requ	uneu i	or auu	uonai	names,	attacii	another	Sneet	οι μαμ	Jei j	
Definition of <b>Household Member</b> : "Anyone who is	Child's First Name			MI Child's Last Name						Grade Student? Homeless Yes No Child Runaway										
living with you and shares income and expenses, even																				
if not related."  Children in Foster care and																		all that apply		
children who meet the definition of <b>Homeless</b> ,																		ck all th		
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and																		Check		
Reduced Price School Meals for more information.																				
STEP 2 Do any Ho	ousehold Members (including you) curre	ently partici	pate in	one or more	of the fo	llowing	assist	ance p	rograr	ns: SN	AP, TA	NF, or	FDPIR	?						
	If NO > Go to STEP 3. If Y	ES > Write	a case	number here ti	hen go to	STEP 4	(Do <u>no</u>	t compl	lete ST	EP 3)	Ca	se Nui	nber:							
																Write only	one cas	se numb	ber in thi	s space.
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if you	ıanswe	ered 'Yes' to S	TEP 2)															
	A. Child Income										hild incor	ma	Week		often?	Monthly				
Sometimes children in the household earn or receive income. Please include the TOTAL income received by a Household Members listed in STEP 1 here.					all		\$	ind moor		C	) O	O ZANIGITUT	O							
	B. All Adult Household Members (inc	luding your	self)																	
Are you unsure what income to include here?	List all Household Members not listed in STEF for each source in whole dollars (no cents) on																			
Flip the page and review				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 fr	om vvork	Weekly Bi-Wee	2x Month	Monthly	\$	ild Suppor	t/Alimony	Weekly	Bi-Weekly	2x Month	Monthly	\$	All Other Inco	ome	Weekly	Bi-Weekly	y 2x Month	Monthly
The "Sources of Income for Children" chart will		\$		0 0		0	\$				0	0	0	* [					0	
help you with the Child Income section.		\$		0 0	) ()	0	\$				0	0	0	\$					0	
The "Sources of Income for Adults" chart will help		\$		0 0	) ()	0	\$				0	0	0	\$			0	0	0	0
you with the All Adult Household Members section.		\$		0 0	) ()	0	\$				0	0	0	\$			0	0	0	0
	Total Hausahald Mambara	Last Four I	Digits of	Social Security N	lumber (SS	SN) of														
	Total Household Members (Children and Adults)			er or Other Adult			r [	XX	X	X X				Check	if no SSN	N 📗				
STEP 4 Contact in	nformation and adult signature.																			
	on on this application is true and that all income is repor lose meal benefits, and I may be prosecuted under appl				ven in conne	ection with	the recei	ipt of Fed	leral fund	ls, and tha	at school	officials r	nay verify	(check) th	ne informat	tion. I am a	ware tha	ıt if I purı	posely gi	ve
Street Address (if available)	Apt#	City				State		Zip			Da	ytime P	hone ar	ıd Email (	(optional)	)				
Printed name of adult signing the form			Signature of adult						То	Today's date										

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	<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>					
-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					

How often?

Weekly Bi-Weekly 2x Month Monthly

Date

Household Size

Confirming Official's Signature

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 (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	<ul> <li>Social Security         <ul> <li>(including railroad</li> <li>retirement and black lung</li> <li>benefits)</li> </ul> </li> <li>Private pensions or disability benefits</li> </ul>					
If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>					

Eligibility:

Reduced Denied

Verifying Official's Signature

Date

## OPTIONAL

**Total Income** 

**Determining Official's Signature** 

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This infor Responding to this section is optional and does not affect your children's eligibility for free	
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
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 Mont	thly x 12

Categorical Eligibility

Date