2018-2019 LCSD #2 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, child	Iren, and stud	ents up to	o and includi	ng grade 1	2 (if mo	ore spac	es are re	quired fo	or addition	al names	s, attach a	another	sheet o	f pap	er)	
Definition of Household	Child's First Name	М	I Child	l's Last Nam	e							Grade	Stud Yes	dent? No		oster I	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares																	
income and expenses, even if not related."															apply		
Children in Foster care and children who meet the															Check all that apply	$\overline{\Box}$	
definition of Homeless, Migrant or Runaway are															hecka	=	\equiv
eligible for free meals. Read How to Apply for Free and Reduced Price School																	<u> </u>
Meals for more information.															LL	Ш	
STEP 2 Do any H	ousehold Members (including you) curren	tly participate	in one or	more of the	following	assista	nce pro	grams: SI	NAP, TA	NF, or FDF	PIR?						
	KNO COLOTEDO KA					(D		OTED 6)	Ca	se Numbe	r:						
	If NO > Go to STEP 3. If YES	S > Write a ca	se numbe	r here then go	to STEP 4	(Do <u>not d</u>	complete	STEP3)		ioo itaiiibo	•		Write only	one case	numbe	er in thi	s space
STEP3 Report In	come for ALL Household Members (Skip this	step if you ans	wered 'Y	es' to STEP 2))												
										_	Ho	w often?					
	A. Child Income Sometimes children in the household earn or rec	ceive income. Ple	ease includ	le the TOTAL i	ncome receiv	ved by all	I		Child incor	ne \	Veekly Bi-Wee	kly 2x Month	Monthly				
	Household Members listed in STEP 1 here.							\$			O C		0				
Are you unsure what	B. All Adult Household Members (inclu List all Household Members not listed in STEP 1			f they do not re	ceive income	e. For ea	ch House	ehold Memb	er listed,	if they do re	ceive incor	ne, report 1	total gros	s income	(befo	re taxe	s)
income to include here?	for each source in whole dollars (no cents) only.				urce, write 'C)'. If you	enter '0' o	or leave any	fields bla			promising)	that ther			to repo	
Flip the page and review the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last) Earnings for		rk Week	Weekly Bi-Weekly 2x Month Monthly			Public Assistance/ Child Support/Alimony		Weekly Bi-Weekly 2x Month Monthly		hly	Pensions/Ret All Other Inco		Weekly E	1		h Monthl
information.		\$	C) O C	0	\$			\circ	0 0	\$			0	0	0	\bigcirc
The "Sources of Income for Children" chart will		\$	С) O C	0	\$		0	0	0 0	\$			0	0	0	0
help you with the Child Income section.		\$) O C		\$			0	0 0) \$			0	0	0	0
The "Sources of Income for Adults" chart will help		\$) O C	0	\$			0	O C) \$			0	0	0	0
you with the All Adult Household Members section.		\$				\$) \$				$\overline{\bigcirc}$	$\overline{\bigcirc}$	
Section.				, , ,		Ψ					,						
	Total Household Members (Children and Adults)	Last Four Digits Primary Wage Ea		•	. ,	Х	X X	X X			Chec	k if no SSN	1 🗌				
STED 4			T- 1.00) #0 O-1	Laurel De		000 F-	ath A	A (1)	NV 00440							
	nformation and adult signature. Mail Con							· ·									
	ion on this application is true and that all income is reported lose meal benefits, and I may be prosecuted under application			tion is given in co	nnection with t	he receipt	of Federa	I funds, and th	nat school	officials may v	erify (check)	the informat	ion. I am a	ware that i	f I purpo	osely gi	ve
Street Address (if available)	Apt#	City			State		Zip		 Da	ytime Phone	and Emai	l (optional)					
Printed name of adult signing	Signature o	f adult						 To	day'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	 - 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						

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	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
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	 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	
	this section is optional and does not affect your children's eligibility for formula one): Hispanic or Latino Not Hispanic or Latino	Formation is important and helps to make sure we are fully serving our community. ree or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the meals. You must incisigns the application behalf of a foster chassistance for Need (FDPIR) case numb member signing the determine if your chalf the lunch and break nutrition programs to program reviews, and policies, the US administering USD.	Issell National School Lunch Act requires the information on this application. You do enformation, but if you do not, we cannot approve your child for free or reduced price include the last four digits of the social security number of the adult household member who in. The last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations ber or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, apprisal or retaliation for prior civil rights activity in any program or activity conducted or	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 ou	It For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mo	nthly x 12 Eligibility:

Annual Income Conversion: Weekly x 5	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 Denie	od .	
	0 0	0 0	Categorical Eligibility)	
Determining Official's Signature	Date	(onfirming Official's Signature Date	Verifying Office	ial's Signature Da	ate