Pennsylvania Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

RETURN TO (School/District Name):

ADDRESS:

STEP 1 List ALL children, infants, and students u	p to and including	grade 1	12. Attach	another s	heet of pa	aper if yo	u need space f	or more n	ames.							
List ALL children in the household. Do not forget to list	st infants, children a	attendir	ng other sch	ools, child	ren not in	school, a	nd children not	applying fo	or benefi	ts. This includ	les children	not related to	you in you	r household	•	
Child's First Name		МІ	Child's Last	Name				Grade		Foster Chil	d Migra	nt Runa	way	Homeless		
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									Check all that apply						refer	, please to the
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STEP 2 Do any household members (including y	ou) participate in:	SNAP,	TANF, or F	DPIR?												
O NO → Go to STEP 3. O YES →	Write case number here and proceed to STEP 4.						E NUMBER (NOT EBT NUMBER):					Write only one case number in this space.				
STEP 3 List ALL household members and income	for each member	(befor	e taxes and	d deductio	ons)											
A. All Adult Household Members (Anyone who is List all Adult Household Members not listed in S deductions) for each source in whole dollars (no	TEP 1 (including yo	urself)	even if the	ey do not r	receive in	come. Fo	r each Househo	old Membe		•	-			•		report.
How often received?							Public Assistance,		How oft	en received?		ensions, Retirement ocial Security, SSI,	,	How oft	en received?	
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Every	2x Month	Monthly	Annual	Child Support, Alimony	Weekly	Every 2 Weeks	2x Month	V	A Benefits, All Other come	Week	Every	2x Month	Monthly
The contract responds the first of the costs	\$	O	O	C	0	0	\$	O	O	O	\$	come	0	O	O	O
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	\$	0	0	0	0	0	\$	0	0	0	° \$		0	0	0	0
Total Household Members (Children and Adults) Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)									ck if no Sc Irity Num	oer 🗌	ļ	Please see application's back for list of income sources.				
B. Child Income Sometimes children in the household earn or receive Include the TOTAL income (before taxes and deducti		L childre	en listed in S	STEP 1 here	<u>.</u>	\$	Child Income	Wee	2 V	How often refers 2X Mon		Annual				
STEP 4 Contact information and adult signature	. RETURN COM	PLETED	FORM TO	YOUR CH	IILD'S SCH	IOOL:	Insert sc	hool addre	ess here							
"I certify (promise) that all information on this appl (confirm) the information. I am aware that if I purp			on, my child	dren may l				•		pplicable Sta	ite and Fed		, and that	school offic	ials may v	erify
Print Name of Adult Signing the Form Mailing Address (if available) City		Stat	Signature o	of Adult		Zip			Pho	Today's	o Date	l	Email (opt	ional)		

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application. Examples of Income for Children Sources of Income Earnings from Work Public Assistance/Alimony/ Pensions/Retirement/ Child Support All other sources of income A child has a regular full or part-time job where they earn a salary or wages · Unemployment benefits Social Security/Disability (including railroad · Salary, wages, cash bonuses, tips, commissions retirement and black lung benefits) Workers' compensation · Net income from self-employment (farm or • A child is blind or disabled and receives Social Security benefits Supplemental Security Income (SSI) · Private Pensions or disability benefits business) A parent is disabled, retired, or deceased, and their child receives Social Security benefits · Cash assistance from State or local · Income from trusts or estates If you are in the U.S. Military: government Annuities · Basic pay and cash bonuses (do NOT include A friend or extended family member regularly gives a child spending money Alimony payments · Investment income combat pay, FSSA, or privatized housing · Child support payments · Earned interest allowances) · Veterans' benefits Rental income · A child receives regular income from a private pension fund, annuity, or trust Allowances for off-base housing, food, · Strike benefits Regular cash payments from outside household and clothing OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974. 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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino Race (check one or more): American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights. **DO NOT FILL OUT** For school use only. Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed. How often? Eligibility Total Income Household size Categorical Eligibility Free Reduced Denied Weekly Monthly Annual 2 Week Verifying Official's Signature Determining Official's Signature Date Confirming Official's Signature Date Date

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Use of Information Statement

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

Rights EMAIL:

FAX.

(833) 256-1665 or (202) 690-7442; or Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.