ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS EFFECTIVE JULY 1, 2023

Household	Maximum	Household	ncome	Maximur	m Household Ir	ncome
Size	Eligibl	le for Free Mo	eals	Eligible fo	r Reduced Pric	e Meals
	<u>Annually</u>	Monthly	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$18,954	\$1,580	\$365	\$26,973	\$2,248	\$519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each add'l						
member	+6,682	+ 557	+ 129	+9,509	+793	+183

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

- 1. Monetary compensation for services, including wages, salary, commissions, or fees;
- 2. Net income from non-farm self-employment;
- 3. Net income from farm self-employment;
- 4. Social security:
- 5. Dividends or interest on savings or bonds or income from estates or trusts;
- 6. Net rental income;
- 7. Public assistance or welfare payments;
- 8. Unemployment compensation;
- 9. Government civilian employee or military retirement, or pensions, or veterans payments;
- 10. Private pensions or annuities;
- 11. Alimony or child support payments;
- 12. Regular contributions from persons not living in the household;
- 13. Net royalties; and
- 14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's <u>current</u> rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

2023-2024 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

Defi Men living inco ever Chik and defir Migr eligil How Red *SIEP1 List ALL Household Members who are infants, children, and students up to and including grade 12 (I more spaces are required for additional names, attach another sheet of paper)

ANNUAL INCOME CONVERSION: W Grood Stamps/Temporary Assistance Eligibility: Derest Directory of the conversion of the c	Printed name of adult completing the form DO'NOT FILL OUT THIS SECTION.	Street Address (if available)	STEP 4 Contact	The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	The "Sources of Income for Children" chart will help you with the Child Income section.	Flip the page and review the charts titled "Sources of Income" for more information.	STEP3 Report I	STEP 2 Boarry Moussemold III	Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	even if not related." Children in Foster care and children who meet the definition of Homeless,	Definition of Household Member: "Anyone who is living with you and shares income and expenses,
ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, DFood Stamps/Temporary Assistance Household size:1 Eligibility: DFree DReduced DDenied Reason:		Apt#	STEP 4 Contact information and adult signature Wall completed to the contact information and adult signature wall completed to the contact information on this application is true and that all income is reported. Lunderstand that this information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.	Total Household Members (Children and Adults)	Name of Adult Household Members (First and Last)	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself each source in whole dollars (no cents) only. If they do not receive it	Report Income for ALL Household Members A. Child Income Sometimes children in the household earn income STEP 1 here.	lousehold Members (including you) o nplete STEP 3. If you answered YES > Write a			Child's First Name
TWICE A MONTH X 24, otal income:	Signature of adult completing the form NLY.	City State	Mail Completed Form To-SAGRED HEART SCHO I understand that this information is given in connection with the receipt cate and Federal laws.*	\$	Earnings from Work Weekly B-Weekly 2x Month Monthly	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you ent	come for ALL Household Members (Skip this step if you answered Yes to STEP 2) A. Child Income Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in \$ STEP 1 here.	lembers (including you) currently participate in one or more of the following If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)			MI Child's Last Name
MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Per: DWeek DEvery 2 Weeks	Today's date	Zip Daytime Phone and Email (optional)	INSERIO (1) INSERI	××	Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly S	B. All Adult Household Members (including yourself) B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) each source in whole dollars (no cents) 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.	Child income	Do any Household Members (including you) currently participate in one or more of the following assistance programs; SNAP, TANF, or FDPIR? Orcle one Yes, No 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:			
y) : Weeks □Twice a Month □Month □Year		d Email (optional)	STEP 4 Contact information and adult signature Wall completed form ToxAGRED HEARTSCHOOL "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 purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	X X Check If no SSN	Persions/Retirement/ All Other Income . Weekly Bi-Weekly 2x Month Monthly	each Household Member listed, if they do receive income, report gross income (before taxes) for er '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	Weekly Bi-Weekly 2x Month Monthly	, TANE, or FIDEIR? Circle one "Yes"/ No Withe only one case number in this space			Building Name Grade

Confirming Official's Signature (For verification purposes only):

Error Prone Application: ☐ Yes ☐ No (Optional – See FAQs)

Determining Official's Signature:

Date Approved/Denied: Date withdrawn:

_Date:

Eligibility: 🗆 Free 🖵 Reduced 🗀 Denied Reason;

Sources of Inc	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

		Sources of Income for Adults	ılts
	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad
<u> </u>	 Net income from self- employment (farm or business) 	 Worker's compensation Supplemental Security Income (SSn) 	retirement and black lung benefits) - Private pensions or disability henefits
and	If you are in the U.S. Military:	 Cash assistance from State or local government 	 Regular income from trusts or estates Annuities
	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized 	 Alimony payments Child support payments 	 Investment income Earned interest
	nousing allowances) - Allowances for off-base housing, food and clothing	Veteran's benefits Strike benefits	Regular cash payments from outside household
i			

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. If ethnicity/race is not selected, a visual identification will be

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

Use of Information Statement ____

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.

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.

who * MAIL: U.S. Department of Agriculture FAX:
Office of the Assistant Secretary for 690-7

Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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

720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339 should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and information may be made available in languages other than English. Persons with disabilities who require alternative

Discrimination Complaint Form which can be obtained online at: To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-

discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and must contain the complainant's name, address, telephone number, and a written description of the alleged 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

* Do not mail applications to ov this address, only complaints

of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.