

# 2021-2022 Prototype Household 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, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Homeless, Migrant, Runaway Foster Child
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 FDIPIR?

**IF NO** > Go to STEP 3. **IF YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: \_\_\_\_\_

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Write only one case number in this space.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ \_\_\_\_\_

How often?  
 Weekly  Bi-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 Household Member listed, if they do receive income, report total gross income (before taxes) for 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.

Name of Adult Household Members (First and Last)	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="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

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.

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.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today \_\_\_\_\_

**INSTRUCTIONS**

Sources of Income

Sources of Income for Children

Sources of Child Income	Examples(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

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 government	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- 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	

**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): Race  Hispanic or Latino  Not Hispanic or Latino  
 (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 (FDPRI) case number or other FDPRI 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) 877-3339. 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](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](mailto: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 Monthly x 12

Total Income

How often?  
 Weekly  Bi-Weekly  2x Month  Monthly

Household Size

Categorical Eligibility

Eligibility:

Free  Reduced  Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

INCOME ELIGIBILITY GUIDELINES  
Effective from July 1, 2021 to June 30, 2022

HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES		REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	TWICE PER MONTH	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	WEEKLY	WEEKLY	
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES												
1	12,890	23,828	1,986	993	917	459	16,744	1,396	698	644	322	
2	17,420	32,227	2,656	1,343	1,240	620	22,646	1,888	944	871	436	
3	21,950	40,626	3,386	1,693	1,563	782	28,548	2,379	1,190	1,098	549	
4	26,500	49,025	4,088	2,043	1,888	943	34,450	2,871	1,436	1,325	663	
5	31,040	57,424	4,788	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776	
6	36,580	65,823	5,488	2,743	2,592	1,266	46,254	3,855	1,928	1,779	890	
7	40,120	74,222	6,188	3,093	2,855	1,428	52,156	4,347	2,174	2,008	1,003	
8	44,660	82,621	6,888	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117	
For each additional family member, add	4,540	8,399	700	350	324	162	5,902	492	246	227	114	
ALASKA												
1	18,090	29,767	2,481	1,241	1,145	573	20,917	1,744	872	805	403	
2	24,770	40,275	3,357	1,679	1,550	775	28,301	2,359	1,180	1,069	545	
3	31,450	50,783	4,232	2,116	1,954	977	35,685	2,974	1,487	1,373	687	
4	38,130	61,291	5,108	2,554	2,358	1,179	43,069	3,590	1,795	1,657	829	
5	44,810	71,799	5,984	2,992	2,762	1,381	50,453	4,205	2,103	1,941	971	
6	51,490	82,307	6,859	3,430	3,166	1,583	57,837	4,820	2,410	2,225	1,113	
7	58,170	92,815	7,735	3,868	3,570	1,785	65,221	5,436	2,718	2,509	1,255	
8	64,850	103,323	8,611	4,306	3,974	1,987	72,605	6,051	3,026	2,793	1,397	
For each additional family member, add	5,680	10,508	878	438	405	203	7,384	616	308	284	142	
HAWAII												
1	14,820	27,417	2,285	1,143	1,055	528	19,200	1,606	803	741	371	
2	20,940	37,074	3,090	1,545	1,426	713	26,052	2,171	1,086	1,002	501	
3	26,260	46,731	3,895	1,948	1,798	899	32,838	2,737	1,369	1,263	632	
4	30,460	56,388	4,699	2,350	2,169	1,085	39,824	3,302	1,651	1,524	762	
5	35,700	66,045	5,504	2,752	2,541	1,271	46,410	3,868	1,934	1,785	893	
6	40,920	75,702	6,309	3,155	2,912	1,456	53,196	4,433	2,217	2,046	1,023	
7	46,140	85,359	7,114	3,557	3,284	1,642	59,982	4,999	2,500	2,307	1,154	
8	51,360	95,016	7,918	3,959	3,655	1,828	66,768	5,564	2,782	2,566	1,284	
For each additional family member, add	5,220	9,657	805	403	372	186	6,786	566	283	261	131	