## 2022-2023 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

Definition of Household	Child's First Name			MI	Child's	Last Na	me										Gra Enter HS for	ade r Head Start	Stu Yes	ident? No		Foster	Homeless Migrant,
Member: "Anyone who is ving with you and shares													TT	1			1						Runawa
ncome and expenses, even f not related."										T.							[ 				h h		
hildren in Foster care and																				П	lat ap		
children who meet the definition of <b>Homeless</b> , <b>Migrant or Runaway</b> are																					k all th		
ligible for free meals. Read																					Chec		
deduced Price School leals for more information.																					i		
STEP 2 Do any Ho	usehold Members (including you)	currently	participat	e in c	ne or m	ore of th	e follo	winga	ecieta	ance	oroar	ame: 6		TAN	E2								
			an a line parametri				CARACTER POLICI	X	n sa sa sa	MULTING TO A	Sector and the	ALC: No.	Ministries	R. R.	r r lumbe				a de la		1.4		
	If NO > Go to STEP 3.	If YES	> Write a d	case r	umber he	re, then g	o to ST	EP 4 <u>(C</u>	Do not	compl	ete ST	<u>EP 3</u> )					digit ca	ise num	ber in thi	s space.		-	
STEP 3 Report Inco	me for ALL Household Members (Sk	ip this ste	ep if you ar	nswei	ed 'Yes'	to STEP	2)																
	A. Child Income								and a start of the second		191 542 2010 4240	entrales entrales		257100595	[		How oft				(BADMAG)	NUMERINE	AND842483.61
	Sometimes children in the household e Household Members listed in STEP 1	earn or rece	eive income.	Pleas	e include t	he TOTAL	income	e receive	ed by a	dl		¢	Child inc	ome		Veekly Bi-V	Neekly 2	tx Month	Monthly				
	B. All Adult Household Member		ing yours	(Ho								\$				0	5	0	0				
are you unsure what	List all Household Members not listed	s (includ	ing yours	enj																			(20
	List all Household Members not listed i	IN STEP 1 (	(including yo	urself	even if th	ey do not	receive	income.	For ea	ach Ho	usehol	d Mem	ber listed	d, if the	y do rea	ceive inc	come, I	report t	otal gros	ss incor	ne (bet	fore taxe	65)
lip the page and review	for each source in whole dollars (no ce If no income is received from any so	ents) only.																report t	otal gro	ss incor	ne (bei	fore taxe	63)
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Printed name of adult signing the form

Signature of adult

Today's date

## INSTRUCTIONS Sources of Income

Sources of In	come for Children	Sources of Income for Adults					
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work	<ul> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>	- Gross Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad retirement and			
<ul> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits	<ul> <li>Net income from self- employment (farm or business)</li> </ul>	- Supplemental Security Income (SSI) - Cash assistance from	<ul> <li>black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> </ul>			
Survivor's Benefits	<ul> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	* Reporting Annual Income is allowable for seasonal or	State or local government				
- Income from person outside the household	<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>	self-employment If you are in the U.S. Military: - Basic pay and cash bonuses (do	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> </ul>			
- Income from any other source	<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and dothing		<ul> <li>Regular cash payments from outside household</li> </ul>			

**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): 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
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1.

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 (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; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider. \* All Household Applications must be returned to your child's school for processing.

SCHOOL USE ONLY - DO NOT FILL OUT			
	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A M	lonth x 24, Monthly x 12	
Total Income: Per :	□ Monthly, □Yearly, Household Size: Date Withdrawn:		
Eligibility:  Free Reduced Denied Reason:	Categorically Eligible Other Source Categorically Eligible	Determining Official's Signature:	Date:
Confirming Official's Signature (cannot be the Determining Official):	Date:Signature of School Employee Com	pleting Verification:	Date: