2024-2025 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, ch	ildren, and studer	nts up to and including	grade 12 (if more spaces a	re required for additional na	
Definition of Household	Child's First Name	МІ	Child's Last Name			Grade Yes No Child Runaway
Member: "Anyone who is living with you and shares						
income and expenses, even if not related."						
Children in Foster care and						
children who meet the						
definition of Homeless, Migrant or Runaway are						Check all that apply
eligible for free meals. Read How to Apply for Free and						
Reduced Price School Meals for more information.						
STEP 2 Do any H	lousehold Members (including you) curre	ently participate in	one or more of the fo	llowing assistance program	os: SNAP TANE or EDPIR?	
Do any m				STEP 4 (Do not complete STE	One a Namel and	
	1110 - 3010 3121 3. 11 1	LO > VVIIIe a case	and the their go to		<u> U</u>)	Write only one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip th	nis sten if you answ	ered 'Yes' to STFP 2)			
31EP3 Reportin	A. Child Income	nosceph you answ	ered res toster 2)		0.71.	
Sometimes children in the household earn or receive income						Bi-Weekly 2x Month Monthly
	Household Members listed in STEP 1 here.				\$	0 0 0
Are you unsure what	B. All Adult Household Members (inc		If) oven if they do not receiv	o incomo. For each Hausehald	Mombar listed if they do receive	income, report total gross income (before taxes)
Are you unsure what income to include here?						rincome, report total gross income (before taxes) ring (promising) that there is no income to report.
Flip the page and review		F ()(()	How often?	Public Assistance/	How often?	Pensions/Retirement/
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month		Weekly Bi-Weekly 2x Month Monthly	All Other Income Weekly Bi-Weekly 2x Month Monthly
information.		\$	0 0 0	\$	0 0 0 0	\$ 0 0 0
The "Sources of Income for Children" chart will		\$	0 0 0	S	0 0 0 0	\$ 0000
help you with the Child Income section.		\$	0 0 0	S S S S S S S S S S	0 0 0 0	\$ 0000
The "Sources of Income for Adults" chart will help		\$		S S S S S S S S S S	0 0 0 0	\$ 0 0 0
you with the All Adult Household Members			0 0 0			
section.		\$	0 0 0	S	0 0 0 0	\$ 0 0 0
	Total Household Members	Last Four Digits of	Social Security Number (SS		v v	Check if no SSN
	(Children and Adults)	Primary Wage Ear	ner or Other Adult Household	d Member X X X	X X	PHECK II 110 99N
STEP 4 Contact i	nformation and adult signature. Mail Co	ompleted Form Te	o: Notre Dame Acaden	ny 192 Lawiston Dr. Lauis	villa KY 40216	
				ny 132 Lewiston Dr. Louis	Mile, KT 40210	
raise information, my children may	lose meal benefits, and I may be prosecuted under appl	icable State and Federal	ı ıaws."			
Street Address (if available)	Apt #	City		State Zip	Daytime Phone and I	Email (optional)
Printed name of adult signing the form Sigr		Signature of a	ignature of adult Today's dat			

0001000 01 11	ncome for Children	S	ources of Income for Ad	lults
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits	- 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
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	- Basic pay and cash bonuses (do NOT include combat pay,		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	Rental income Regular cash payments from outside household
OPTIONAL Children's Racial and E	thnic Identities			
t have to give the information, but if you do not, we	et requires the information on this application. You do	USDA's TARGET Center at (202) 720-877-8339.	,	,
of have to give the information, but if you do not, we eals. You must include the last four digits of the social gns the application. The last four digits of the social whalf of a foster child or you list a Supplemental Nutsesistance for Needy Families (TANF) Program or FDPIR) case number or other FDPIR identifier for your ember signing the application does not have a social so	cannot approve your child for free or reduced price all security number of the adult household member who security number is not required when you apply on rition Assistance Program (SNAP), Temporary bod Distribution Program on Indian Reservations but child or when you indicate that the adult household all security number. We will use your information to		aint, a Complainant should complet t <u>How to file a Compliant,</u> from any l e letter must contain the complainar minatory action in sufficient detail to	e the <u>USDA Program Discrimination</u> USDA office, by calling (866) 632-99 nt's name, address, telephone numb
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