2021-2022 ALCS Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

STEP 1

Definition of Household	Child's First Name			MI	Child's Last Name								(Grade	Sti Yes	udent? No			Migrant, Runaway	
Member: "Anyone who is living with you and shares income and expenses, even																				
if not related."																		apply		
Children in Foster care and children who meet the																		all that apply		
definition of Homeless , Migrant or Runaway are																H	 	Check a		
eligible for free meals. Read How to Apply for Free and																		5	Ш	
Reduced Price School Meals for more information.																				
STEP 2 Do any Ho	ousehold Members (including you) currer	ntly p	articipa	ate in	one or more of the	following	ass	istance prog	arams	: SNA	P. TA	NF. or	FDPIR	?						
	· · · · · · · · · · · · · · · · · · ·	, ,	,				,													
	NO > Go to STEP 3 If YE	ES >	Write	a case	number here then g	o to STEP 4	4 <u>(</u> Do	not complete	STEF	<u>2 3</u>)	Ca	ase Nu	ımber:			Write on	lly one ca	ise num	ber in thi	is space.
STEP 3 Report In	come for ALL Household Members (Skip thi	isste	p if vou	answ	ered 'Yes' to STEP 2	2)														
OTEI 5	Соправо		P J.			′								Ho	w often?					
	A. Child Income Sometimes children in the household earn or r	receiv	e income	Plea	se include the TOTAL	income rec	eived	hy all		Ch	ild incor	me	Weel		kly 2x Month	Monthly				
	Household Members listed in STEP 1 here.	100011	0 111001110	. 1 100			01700	oy an		\$						0				
Are you upoure what	B. All Adult Household Members (incl				f) away if they do not r	analya inaa	F	or oach House	abald N		liatad	if they	do rocci	ve incer	na ranart	total are		ma (hai	ara tawa	
Are you unsure what income to include here?	List all Household Members not listed in STEP for each source in whole dollars (no cents) only				ive income from any s	ource, write					elds bl	ank, yc						incom	e to rep	
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last) Eamings fro			m Work	How ofter Weekly Bi-Weekly 2x N		Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly					Pensions/Retirement/ All Other Income		How often? Weekly Bi-Weekly 2x Month Monthly						
of Income" for more information.		\$			000) ()	\$			0	0	0	0	\$				0	0	0
The "Sources of Income		\$) ()	\$			\bigcap				\$		\pm				
for Children" chart will help you with the Child Income section.		. [_				+				
The "Sources of Income		\$			0 0) ()	\$						0	\$		\perp		0	0	0
for Adults" chart will help you with the All Adult		\$) (\$			0	0	0	0	\$				0	0	0
Household Members section.		\$			0 0 0) (\$			\bigcirc	\bigcirc	0	\circ	\$			0	0	0	0
	Total Household Members (Children and Adults)			•	Social Security Numbe	` '	er	x x x	Х	X				Chec	k if no SS	v				
	(Simulati and Addits)			,			···													
	nformation and adult signature. MAIL CO																			
	ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under applie					onnection with	h the r	eceipt of Federal	l funds,	and that	school	officials	may verify	(check)	the informa	ion. I am	aware tha	at if I pu	posely g	ive
also information, my officient may	Toda modi doricino, and i may be prodecuted under appli		State and	- Cucial	iumo.] [
Street Address (if available)	Ant #		City			State		Zip			Da	ntima l	Phone a	nd Emai	l (optional					
on our radicos (ii available)	Apt #		Oity					∠ıµ				.,	none al	iu Liliai	· (Optional					
Printed name of adult signing	the form		Signatu	ire of a	adult						To	oday's c	late							
5 0			-									-								

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)

Sources of inc	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	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad					
Social SecurityDisability PaymentsSurvivor'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	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from					
-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, FSSA or privatized housing	Alimony paymentsChild support paymentsVeteran's benefits	trusts or estates - Annuities - Investment income - Earned interest					
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	Rental income Regular cash payments from outside household					
esponding to this section is optional and of this think think think the section is optional and of the section is optional and o		ee or reduced price meals.	_	_					
thnicity (check one): Hispanic or Latace (check one or more): American Ir	does not affect your children's eligibility for fre tino	Black or African American	Native Hawaiian or Other	Pacific Islander					
thnicity (check one): Hispanic or Lat ace (check one or more): American Ir e Richard B. Russell National School Lunch Act to thave to give the information, but if you do not, we ceals. You must include the last four digits of the social se that application. The last four digits of the social set that application are provided by the social second or you list a Supplemental Nutrit is sistance for Needy Families (TANF) Program or Foo DPIR) case number or other FDPIR identifier for your ember signing the application does not have a social stermine if your child is eligible for free or reduced price	does not affect your children's eligibility for free tino Not Hispanic or Latino andian or Alaskan Native Asian requires the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary do Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of	Persons with disabilities who requal large print, audiotape, American applied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than To file a program complaint of deform, (AD-3027) found online at: 1 office, or write a letter addressed to form. To request a copy of the complex or request a c	Native Hawaiian or Other ire alternative means of communicating Language, etc.), should contact ho are deaf, hard of hearing or have itee at (800) 877-8339. Additionally	Pacific Islander White tion for program information (e.g. Bit the Agency (State or local) where a speech disabilities may contact Ur, program information may be reprogram Discrimination Complaint illing_cust.html, and at any USDA of the information requested in the					
thnicity (check one): Hispanic or Latace (check one or more): American Ir ace (check one or more): Act of the social separate to give the information, but if you do not, we cheals. You must include the last four digits of the social separate to application. The last four digits of the social separate for a foster child or you list a Supplemental Nutrities ace for Needy Families (TANF) Program or Food DPIR) case number or other FDPIR identifier for your ember signing the application does not have a social setermine if your child is eligible for free or reduced price lunch and breakfast programs. We MAY share your tritition programs to help them evaluate, fund, or deterpogram reviews, and law enforcement officials to help	does not affect your children's eligibility for free tino Not Hispanic or Latino Indian or Alaskan Native Asian Integrities the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary Indian Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of or eligibility information with education, health, and minine benefits for their programs, auditors for them look into violations of program rules.	Persons with disabilities who requarge print, audiotape, American Sapplied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than To file a program complaint of deform, (AD-3027) found online at: 1 office, or write a letter addressed to form. To request a copy of the coust of the Assistant Office of the Assistant	Native Hawaiian or Other ire alternative means of communicating Language, etc.), should contact the are deaf, hard of hearing or have ince at (800) 877-8339. Additionally English. Iiscrimination, complete the USDA Forther://www.ascr.usda.gov/complaint_for USDA and provide in the letter all of mplaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights	Pacific Islander White ton for program information (e.g. Bithe Agency (State or local) where a speech disabilities may contact Ur, program information may be reprogram Discrimination Complaint tiling_cust.html, and at any USDA of the information requested in the					
esponding to this section is optional and of this think think think the contract of the contra	does not affect your children's eligibility for free tino Not Hispanic or Latino andian or Alaskan Native Asian requires the information on this application. You do annot approve your child for free or reduced price security number of the adult household member who curity number is not required when you apply on ion Assistance Program (SNAP), Temporary and Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to be meals, and for administration and enforcement of or eligibility information with education, health, and remine benefits for their programs, auditors for them look into violations of program rules.	Persons with disabilities who requals applied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than To file a program complaint of deform, (AD-3027) found online at: 1 office, or write a letter addressed to form. To request a copy of the country mail: U.S. Department of Agents and the service of the country of	Native Hawaiian or Other ire alternative means of communicati Sign Language, etc.), should contact tho are deaf, hard of hearing or have rice at (800) 877-8339. Additionally English. liscrimination, complete the USDA F http://www.ascr.usda.gov/complaint_f to USDA and provide in the letter all o mplaint form, call (866) 632-9992. Su griculture tt Secretary for Civil Rights evenue, SW	Pacific Islander White the Agency (State or local) where the Agency (State or local) where the speech disabilities may contact but, program information may be a program Discrimination Complaint illing_cust.html, and at any USDA if the information requested in the abmit your completed form or letter *Only use this address if the are filling a complaint of the state					

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

Determining Official's Signature		Date			Confirming Official's Signature	Date	Ve	rifying (Offici
	0	0	0	0	Categorical	Eligibility	0	0	0
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied
Annual income Conversion: weekly	X 32, EV	-	often?	x 20,	Twice a Month x 24 Monthly x 12			Eligibilit	/ :

Verifying Official's Signature Date