2024 Household Income Application for Summer Meals (Complete only one application per household).

	Child's First Name	MI	Child's Last Name				
							Foster Homele
efinition of Household							Child Migrant Runaw
ember: "Anyone who is ng with you and shares							
me and expenses, even]	all that apply
1							# L L
Idren in Foster care and dren who meet the							Check
nition of Homeless , rant or Runaway are]	
ble for free meals. Read v to Apply for Free and							
luced-Price Meals for re information.							
illioillation.							<u> </u>
STEP 2 Do any	Household Members (including you)	currently participate in	n one or more of the following	assistance programs	S: SNAP, TANF, or FDPIR?		
	If NO > Go to STEP 3.	If YES > Write a case	e number here then go to STEP 4	(Do not complete STEP	Case Number:		
			- · · · · · · · · · · · · · · · · · · ·	7	<u> </u>	Write only	y one case number in this spac
STEP 3 Report	Income for ALL Household Members (S	skip this step if you answ	vered 'Yes' to STEP 2)				
	A. Child Income					How often?	
	Sometimes children in the household ear Household Members listed in STEP 1 he		ise include the TOTAL income recei	ived by all	Child income Weekly	Bi-Weekly 2x Month Monthly	
	Tiouseriola Merribers listed in STEF Tries						
ro vou uncuro what	B. All Adult Household Members				\$	0 0 0	
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INSTRUCTIONS Sources of Income						
Sources of Inc	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 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 	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 Alimony payments Child support payments Veteran's benefits Strike benefits 	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household		
-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				
OPTIONAL Children's Racial and Ethn	ic Identities					
Race (check one or more): American In American In The Richard B. Russell National School Lunch Act in not have to give the information, but if you do not, we conclude the last four digits of the social security number of application. The last four digits of the social security number of oster child or you list a Supplemental Nutrition Assistant Needy Families (TANF) Program or Food Distribution Poumber or other FDPIR identifier for your child or when signing the application does not have a social security rour child is eligible for free meals, and for administration programs. We MAY share your eligibility information with them evaluate, fund, or determine benefits for their progenforcement officials to help them look into violations of the information with the program of the interval of	requires the information on this application. You do annot approve your child for free meals. You must the adult household member who signs the other is not required when you apply on behalf of a nice Program (SNAP), Temporary Assistance for Program on Indian Reservations (FDPIR) case you indicate that the adult household member number. We will use your information to determine if on and enforcement of the lunch and breakfast the education, health, and nutrition programs to help grams, auditors for program reviews, and law f program rules. artment of Agriculture (USDA) civil rights regulations by each of the program in the program of the program in the program of the prog	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) 877-8339. 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: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint 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. This institution is an egual opportunity provider.				
Do not fill out. This section is to be	completed by the Sponsor.					
Total Income	very 2 Weeks x 26, Twice a Month x 24 Monty Bi-Weekly 2x Month Monthly Household Size	thly x 12 Categorically Eligible	Free Reduced Denied			

Confirming Official's Signature ___

Date _

Date _

Determining Official's Signature _