2017-2018 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Printed name of adult signing the form

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STEP List AL	L Household Members who are	e infants, children	, and students	up to and includ	ing grade 12	2 (if mor	e spaces	are requ	iired fo	r additiona	l names, a	ittach ai	nother s	heet of	paper)		
Definition of Household Member: "Anyone who is living with you and shares income and expenses, ever if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.			MI	Child's Last Nam	le						Gr	ade	Stude Yes	No N	Foste Child		nt,
STEP 2 Do any	Household Members (includin	ng you) currently p	oarticipate in c	ne or more of the	following a	ssistan	ce progra	ms: SN	AP, TAN	IF, or FDPI	R?						
	If NO > Go to STEP 3.	If YES>	Write a case n	umber here then go	to STEP 4 (I	Do not co	omplete ST	EP 3)	Cas	se Number:							_
					<u>.</u> .							٧	Vrite only o	ne case r	umber in	ı this spa	ice
STEP 3 Report	Income for ALL Household Mem	bers (Skipthisster	o if you answer	ed 'Yes' to STEP 2)												
Are you unsure what income to include here?	A. Child Income Sometimes children in the hous Household Members listed in S B. All Adult Household Me List all Household Members not for each source in whole dollars	TEP 1 here. embers (including t listed in STEP 1 (inc	g yourself) cluding yourself)	even if they do not re	ceive income	For each		\$ d Member		they do rece	eive income	2x Month N					
Flip the page and review the charts titled "Sources	Name of Adult Household Members	(First and Last) Fi	arnings from Work	How often? Weekly Bi-Weekly 2x Mo			Assistance/ upport/Alimony	Wookh	How o	ften? 2x Month Monthly		nsions/Retir Other Incon			How often		nthly
of Income" for more information.	Name of Addit Flousehold Members	\$		O O C) ()	\$		O	O	O O	\$			()	VOCKIY ZXII) ()
The "Sources of Income for Children" chart will		\$		0 0 0		\$			0	0 0	\$			0 () () (
help you with the Child Income section.		\$		0 0 0		\$			0	0 0	\$			0 () () (
The "Sources of Income for Adults" chart will help		\$		0 0 0		\$			0	0 0	\$			0 () () (<u> </u>
you with the All Adult Household Members section.		\$		0 0 0		\$		0	0	0 0	\$			0 () ()
	Total Household Members (Children and Adults)		•	ocial Security Number or Other Adult House	` '	Х	x x	хх			Check i	no SSN					
STEP 4 Contac	t information and adult signat	ure. <u>Mail Comple</u>	ted Form To:	Food Service De	partment, 1	1091 W.	. 32 Mile F	Rd., Ron	neo, MI	<u>48065</u>							
	nation on this application is true and that all nay lose meal benefits, and I may be prosec				onnection with th	e receipt of	f Federal fund	ds, and that	school of	ficials may veri	fy (check) the	informatio	n. I am awa	are that if I	purposel	y give	
																	_
treet Address (if available)) Apt #		City		State		Zip		Day	time Phone a	and Email (d	ptional)					_

Signature of adult

Apply Online: www.lunchapp.com

Today's date

Determining Official's Signature

Ш	NOTRUCTIONS	Sources of Income					
	Sources of Income for Children						
	Sources of	of Child Income	Example(s)				
	- Earnings from work - Social Security		- A child has a regular full or part-time job where they earn a salary or wages				
			 - 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 				
			- A friend or extended family member regularly gives a child spending money				
			- A child receives regular income from a private pension fund, annuity, or trust				

Date

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) 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	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike 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 Regular cash payments from outside household			

Verifying Official's Signature

Date

ormation is important and helps to make sure we are fully serving our community. ee or reduced price meals.
Black or African American
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: 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. This institution is an equal opportunity provider.
Eligibility: Free Reduced Denied

Categorical Eligibility

Date

Confirming Official's Signature