2016-2017 GLENDALE ELEMENTARY SCHOOL DISCTRICT #40

Application for Free and Reduced-Price School Meals

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

Apply online at www.EZMealApp.com

If any student on this form is new, please check HERE:

School use only:
S or N/C

			Child's	s Fir	st Name)					MI		Chi	ld's L	ast	Name	Э					at			Child	Runaway
Definition of Household 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 eligible for free meals.	Student ID#																					Check box if child is a student Glendale Elementary District		Check box if child is a Foster Child or is Homeless, Migrant, or Runaway		
STEP 2 Do any	Housel	nold Members (including	g you) (curr	ently p	articip	ate in	one	or mo	ore c	of the f	foll	owir	ng as	sista	ance	pro	ograms: S	NAP	P, T	ANF,	or FDF	IR? Ci	rcle one	: Yes /	/ No
	If yo	u answered NO > Complete ST	TEP 3.	lf	you ans	wered `	YES > \	Vrite a	a case r	numb	er here	ther	n go t	o STEF	P 4 <u>([</u>	Oo not	com	nplete STEP	3)	ase	Numbe		only one c	ase numbe	r in this s	space.
STEP3 Report	Incom	e for ALL Household N	/lembe	rs (S	Skip this	step if	you ar	nswer	ed 'Ye	s' to	STEP	2)														
Are you unsure what income to include here? Flip to the back of this application and review the charts titled	Someti Housel B. All List onl	ild Income mes children in the household e nold Members listed in STEP 1 h Adult Household Member y the Adult Household Members ductions) for each source in who	here. ers (incl i s (includin	udin ng you	ng yours urself) eve	self) en if the	y do no	ot rece	eive inc	ome.	For eac	h Ho	ouseh	old Me	\$, if th	ney do receive	Bi-Wee	me, re	Month M	tal GROS				
"Sources of Income" for more information.		f Adult Household Members (First a		GI	ROSS arnings from			Hov	v often?	,		Р	ublic A	ssistano	e/		ŀ	How often? Veekly 2x Month 1			Pensi	ons/Retirem	nent/	How day Bi-Weekly	often?	
The "Sources of Income for Children" chart will help you with the Child Income Section.				\$								\$ \$					(0		\$				0	
The "Sources of Income for Adults" chart will help you with the Adult Household Members				\$		\equiv		0				\$) (0		\$				0	
Income Section.				\$				$\overline{}$				\$							\bigcirc		\$					
		tal Household Members ildren and Adults)				st Four mary W									X	X	X	xx				Check	if no SSN	۱ 🗌		
STEP 4 Contact information and adult signature "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely																										
give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Case # Application Foster Application Income																										
organization additional production and the second s										Т	otal Inco	ome	:	erificat		r: 🗆W	'eek	□Bi-Weekly	y (Eve	ry 2 V	Veeks)	□2x Mo	nth □Mo	onthly 💷	Annual	
Printed name of adult completing Street Address (if available)	the form	Daytime Apt#	Phone and City	Email	(optional)	State	Zip			C	Confirmir Follow-U	ng O	Official	's Sign	ature						Da	te: ate: /ithdrawa	I Date: _	_		
Onest Addiess (il avallable)		Αρι π	J,			Sidle	Z1P																			

STEP1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Sources of Income for Children							
Type of Income	Examples						
Earnings from work	A child has a job where they earn a salary or wages.						
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.						
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.						
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a c spending money.						
Income from any other source	A child receives income from a private pension fund, annuity or trust.						

	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income				
	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)				
	- Net income from self- employment (farm or business)	- Workers Compensation	- Private Pensions or disability				
	W	- Supplemental Security Income (SSI)	- Regular income from trusts or estates				
	If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay,	- Cash Assistance from State or local	- Annuities				
	FSSA, or privatized housing allowances)	government	- Investment Income				
	-Allowances for off-base	- Alimony payments	- Earned Interest				
_	housing, food and clothing	- Child support payments	- Rental Income				
		- Veteran's benefits	Regular cash payments from outside household				
_]		- Strike benefits					

Sources of Income for Adults

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):	Race (check one or more):					
	☐ American Indian or Alaskan Native					
☐ Hispanic or Latino	☐ Asian					
☐ White	☐ Black or African American					
	☐ Native Hawaiian or Other Pacific Islander					
	☐ White					

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

IMPORTANT NOTICE:

PLEASE RETURN APPLICATION TO SCHOOL CAFETERIA

ELIGIBILITY IS NOT DETERMINED UNTIL APPLICATION IS REVIEWED AND APPROVED BY THE FOOD & NUTRITION DEPARTMENT.

You MUST pay for meals until eligibility is determined.

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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.