owensborodiocese.org

2024-2025 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

			ents up to and including	g grade 12 (ii more spaces a	re required for additional nar	nes, attach a	another sheet of I	
Definition of Household	Child's First Name	M	Child's Last Name			Grade	Yes No	Foster Migrant, Child 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 definition of Homeless .							Check all that apply	
Migrant or Runaway are eligible for free meals. Read							G G G	
How to Apply for Free and Reduced Price School Meals for more information.								
STEP 2 Do any I	Household Members (including you) curr				Casa Number			
	If NO > Go to STEP 3. If Y	/ES > Write a ca	se number here then go to	STEP 4 (Do not complete STE	Case Number.		Write only one case n	umber in this space
CTED 2 Poport Ir	ncome for ALL Household Members (Skip t	hisstopifyouans	worod 'Vos' to STEP 2)				Thing only one case in	arrisor in the option
STEP 3 Report In	A. Child Income	msstep ii you aiis	wered les tosierz)		Obildings	YW 11 2 11 1	M. di	
	Sometimes children in the household earn or	r receive income. Ple	ease include the TOTAL inc	ome received by all		Bi-Weekly 2x Month	Monthly	
	Household Members listed in STEP 1 here.				\$	0 0		
Are you unsure what income to include here?	B. All Adult Household Members (inc List all Household Members not listed in STE for each source in whole dollars (no cents) or	EP 1 (including yours	elf) even if they do not rece					
Flip the page and review	Tor each source in whole donars (no cents) of	my. If they do not re-	How often?	Public Assistance/	How often?	Pensions/Re		low often?
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Wo	rk Weekly Bi-Weekly 2x Month	Monthly Child Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Inco	ome Weekly Bi-V	/eekly 2x Month Monthly
information.								
1		\$	000	S	0 0 0 0	\$		
The "Sources of Income for Children" chart will help you with the Child		\$ \$	0 0 0	S S	0 0 0 0	\$		
for Children" chart will help you with the Child Income section.			0 0 0			<u> </u>		
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Oddices of its	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 - 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 housing, food and clothing	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	
- 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				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				
OPTIONAL Children's Racial and Etl	anic Identities				
The Richard B. Russell National School Lunch Act		USDA's TARGET Center at (202) 720- 877-8339.	-2600 (voice and TTY) or contact US	SDA through the Federal Relay Service	
not have to give the information, but if you do not, we meals. You must include the last four digits of the social signs the application. The last four digits of the social signs the afoster child or you list a Supplemental NutriAssistance for Needy Families (TANF) Program or Fo	cannot approve your child for free or reduced price security number of the adult household member who ecurity number is not required when you apply on tion Assistance Program (SNAP), Temporary od Distribution Program on Indian Reservations	877-8339. To file a program discrimination compl Online Form (AD-3027) found online a writing a letter addressed to USDA. The written description of the alleged discri	aint, a Complainant should complete 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 C</u> USDA office, by calling (866) 632-9992 nt's name, address, telephone number o inform the Assistant Secretary for Civ	
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