Printed name of adult signing the form

	on per household. Please use a pen (r						
STEP 1 List ALL	Household Members who are infants, ch	ildren, and student	ts up to and including grad	le 12 (if more spaces are	required for additional nar	nes, attach another sheet of paper)	
Definition of Household	Child's First Name	MI	Child's Last Name			Grade Student? Foster Yes No Child	
Member: "Anyone who is living with you and shares income and expenses, even							
if not related." Children in Foster care and						at apply	
children who meet the definition of Homeless ,						× all that	
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and							
Reduced Price School Meals for more information.							
STEP 2 Do any H	lousehold Members (including you) curre	ently participate in	one or more of the followi	ng assistance programs:	SNAP, TANF, or FDPIR?		
	If NO > Go to STEP 3. If Y	ES > Write a case	number here then go to STEI	² 4 (Do not complete STEP 3	Case Number:		
			ŭ	•	-	Write only one case number in t	this space.
STEP 3 Report In	ncome for ALL Household Members (Skip th	nis step if you answe	ered 'Yes' to STEP 2)				
	A. Child Income	5			Child income Weekly B	How often? Weekly 2x Month Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Pleas	e include the TOTAL income re		\$	0 0 0	
Are you unsure what	B. All Adult Household Members (inc List all Household Members not listed in STEI		even if they do not receive inc	ome. For each Household Me	mber listed, if they do receive in	come, report total gross income (before ta)	xes)
income to include here? Flip the page and review	for each source in whole dollars (no cents) on						eport.
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Child Support/Alimony W	eekly Bi-Weekly 2x Month Monthly	All Other Income Weekly Bi-Weekly 2x Mo	onth Monthly
information. The "Sources of Income		\$	0 0 0 0	\$	0 0 0	\$ 0 0 0	
for Children" chart will help you with the Child Income section.		\$	0 0 0 0	\$	0 0 0	\$ 0 0 0	
The "Sources of Income		\$	0 0 0 0	\$	0 0 0	\$ 0 0 0	
for Adults" chart will help you with the All Adult Household Members		\$	0 0 0 0	\$	0 0 0	\$ 0 0 0	
section.		\$	0 0 0 0	\$	0 0 0	\$ 0 0 0) ()
	Total Household Members (Children and Adults)	-	Social Security Number (SSN) of er or Other Adult Household Men	ber X X X X	Х	neck if no SSN	
STEP 4 Contact i	nformation and adult signature. Mail Co	mpleted Form <u>To:</u>	Diocese of Owensboro F	ood Service Office 600 L	ocust Street Owensboro	<u>(Y 42301</u>	
	tion on this application is true and that all income is report			vith the receipt of Federal funds, an	d that school officials may verify (che	eck) the information. I am aware that if I purposely	give
false information, my children may	/ lose meal benefits, and I may be prosecuted under app	icable State and Federal I	aws."				
Street Address (if available)	Apt #	City	Sta	e Zip	Daytime Phone and E	mail (optional)	

Today's date

Signature of adult

Sources of Income for Children						
Sources of Child Income	Example(s)					
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages					
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 					
-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					

So	ources of Income for Ad	dults			
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	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities			
(do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	Veteran's benefits Strike benefits	Investment income Earned interest Rental income Regular cash payments from outside household			

Date

OPTIONAL	Children's Racial and Ethnic Identities	
•	this section is optional and does not affect your children's eligibility for f one): Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Nativo	formation is important and helps to make sure we are fully serving our community. ree or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
have to give the in meals. You must in who signs the applic on behalf of a foste Assistance for Nee (FDPIR) case numb member signing the determine if your che lunch and breal nutrition programs program reviews, ar USDA Nondiscrimi In accordance with 1 regulations and policions.	federal civil rights law and U.S. Department of Agriculture (USDA) civil rights cies, this institution is prohibited from discriminating on the basis of race, color, national g gender identity and sexual orientation), disability, age, or reprisal or retaliation for	Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete the USDA Program Discrimination Complaint Online Form (AD-3027) found online at How to file a Complaint, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider
Do not fill ou	t For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mo	onthly x 12

Allindar modific Conversion. Wook	How often?				TWOO & WOTHER X 2 T WOTHERLY X 12			Eligibility:			
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied	
	0	0	0	0		Categorical	Eligibility	0	0	0	
Determining Official's Signature	1	Date		C	Confirming Official'	s Signature	Date	Vei	rifying (Official's Signature	