

2015-2016 Application for Free and Reduced Price School Meals

School: **VOYAGER PCS**

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

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. Read How to Apply for Free and Reduced Price School Meals for more information.

A. Child's Name (First, Middle Initial, Last)	Check all that apply			D. Student?		E. Name of School	F. Grade
	B. Foster Child	C. Homeless, Migrant, Runaway	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Yes No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4. (Do not complete STEP 3).

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2).

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Children in the household. (Household Members listed in STEP 1 above).

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	C. Earnings from Work			D. Public Assistance/ Child Support/Alimony	E. Pensions/Retirement/ All Other Income				
	Weekly	Bi-Weekly	2x Monthly		Weekly	Bi-Weekly	2x Monthly		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		
	\$			<input type="checkbox"/>			\$		

F. Total Household Members (Children and Adults)

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

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.*

Printed name of adult completing the form _____

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Signature of adult completing the form _____ Today's date _____

OPTIONAL

Children's Racial and Ethnic Identities

D. 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):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Black or African American
- Asian
- 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
 USDA is an equal opportunity provider and employer.

Income Chart

EFFECTIVE DATE: JULY 1, 2015 TO JUNE 30, 2016

Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,068	2,089	1,045	965	483
2	33,911	2,826	1,413	1,305	653
3	42,754	3,563	1,782	1,645	823
4	51,597	4,300	2,150	1,985	993
5	60,440	5,037	2,519	2,325	1,163
6	69,283	5,774	2,887	2,665	1,333
7	78,126	6,511	3,256	3,005	1,503
8	86,969	7,248	3,624	3,345	1,673
For each additional household member add:	+8,843	+737	+369	+341	+171

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Total Income: _____ Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Dual Eligibility: Foster child(ren) - Free Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Directly Certified: Extended Benefit Foster Child Migrant Homeless Runaway Approved by Principal _____

Categorical Eligibility: SNAP/TANF based on provided number Foster Child on an application _____

Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Incomplete/Missing: SS# HH Members Signature Income Frequency Other _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____