INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM ALABAMA SNAP, OR ALABAMA TANF FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.
Part 2: List the case number for any household member (including adults) receiving Alabama SNAP or Alabama TANF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS Alabama SNAP OR Alabama TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Dr. Kim Hendon, homeless liaison/migrant coordinator at (334) 863-6819.
Part 4: Complete only if a child in your household isn’t eligible under Part 3. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn’t need to fill in Part 4.
Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the “No Income” box. Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Dr. Kim Hendon, homeless liaison/migrant coordinator at (334) 863-6819. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
   - **Box 1—Name:** List all household members with income.
   - **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned **before** taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under **All Other Income,** list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under **Earnings from Work,** report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).
Part 6: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the “No Income” box.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Dr. Kim Hendon, homeless liaison/migrant coordinator at (334) 863-6819. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer, this question if you choose.
**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**PART 1. ALL HOUSEHOLD MEMBERS**

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school for each child/or indicate &quot;NA&quot; if child is not in school</th>
<th>Check if a foster child (legal responsibility of welfare agency or court)</th>
<th>Check if NO income</th>
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<tbody>
<tr>
<td></td>
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<td>* If all children listed below are foster children, skip to Part 5 to sign this form.</td>
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**PART 2. BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES Alabama SNAP OR Alabama TANF Cash Assistance, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: ________________________  CASE NUMBER: ________________________

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL Dr. Kim Hendon, homeless liaison/migrant coordinator at (334) 863-6819.**

HOMELESS  □ MIGRANT  □ RUNAWAY  □

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

<table>
<thead>
<tr>
<th>1. NAME (List only household members with income)</th>
<th>2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Earnings From Work before deductions</td>
</tr>
<tr>
<td>(Example) Jane Smith</td>
<td>$199.99/weekly</td>
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<tr>
<td>$__<strong>/</strong>_______</td>
<td>$<em><strong>/</strong></em>______</td>
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<td>$__<strong>/</strong>_______</td>
<td>$<em><strong>/</strong></em>______</td>
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<td>$<em><strong>/</strong></em>______</td>
<td>$<em><strong>/</strong></em>______</td>
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</tbody>
</table>

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: ___________________________________________  Print name: ____________________________
Date: ___________  Phone Number: ____________________________
Address: _____________________________________________  Zip Code: ____________________________
City: ____________________________  State: ____________________________
Last four digits of Social Security Number: ***.***.____  □ I do not have a Social Security Number
PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
☐ Asian
☐ American Indian or Alaska Native
☐ Black or African American
☐ White
☐ Native Hawaiian or other Pacific Islander

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

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

Total Income: ______ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year
Household size: ______

Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free___ Reduced___ Denied___
Reason: ____________________________________________________________

Temporary: Free___ Reduced___ Time Period: ______ (expires after ___ days)
Determining Official's Signature: ______________________ Date: __________
Confirming Official's Signature: ______________________ Date: __________
Verifying Official's Signature: ______________________ Date: __________

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21,257</td>
<td>1,772</td>
<td>409</td>
</tr>
<tr>
<td>2</td>
<td>28,694</td>
<td>2,392</td>
<td>552</td>
</tr>
<tr>
<td>3</td>
<td>36,131</td>
<td>3,011</td>
<td>695</td>
</tr>
<tr>
<td>4</td>
<td>43,568</td>
<td>3,631</td>
<td>838</td>
</tr>
<tr>
<td>5</td>
<td>51,005</td>
<td>4,251</td>
<td>981</td>
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<tr>
<td>6</td>
<td>58,442</td>
<td>4,871</td>
<td>1,124</td>
</tr>
<tr>
<td>7</td>
<td>65,879</td>
<td>5,490</td>
<td>1,267</td>
</tr>
<tr>
<td>8</td>
<td>73,316</td>
<td>6,110</td>
<td>1,410</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>7,437</td>
<td>620</td>
<td>144</td>
</tr>
</tbody>
</table>

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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture (USDA) 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 if 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 Civil Rights, 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 (in Spanish). USDA is an equal opportunity provider and employer."