

2022-2023 Application for Free and Reduced-Price School Meals

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

STEP 1 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)

| Child's First Name | MI | Child's Last Name | School Name | Foster Migrant, Child Runaway | Homeless, Migrant or Runaway are eligible for free meals. |
|--------------------|----|-------------------|-------------|-------------------------------|---|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <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, TANF, or FDIPIR? Circle one: 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) Case Number: _____

Write only one case number in this space.

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

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

Child GROSS income: \$ _____

How often?
Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (Including Yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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) | GROSS Earnings from Work | How often? | | | Public Assistance/ Child Support/Alimony | How often? | | | Pensions/Retirement/ All Other Income | How often? | | | | | |
|--|--------------------------|-----------------------|-----------------------|-----------------------|--|------------|-----------------------|-----------------------|---------------------------------------|-----------------------|---------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | | Monthly | Weekly | Bi-Weekly | | 2x Month | Monthly | Weekly | Bi-Weekly | 2x Month | Monthly |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. Total Household Members (Children and Adults) _____

Least Favorable Student Status (If you are a student, check the appropriate box):
 Full-time High School Student Part-time High School Student Homeless Migrant/Runaway Foster Child Other None of these Not a student Adult Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: 1695 E. Fort Lowell Rd. Tucson, AZ 85719

*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.

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

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Total Income: _____ Date: _____

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Error Prone

INSTRUCTIONS

Sources of Income

| 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 <i>outside</i> the household | A friend or extended family member <u>regularly</u> gives a child spending money. |
| Income from any other source | A child receives income from a private pension fund, annuity or trust. |

| Sources of Income for Adults | | |
|---|---|--|
| Earnings from Work | Public Assistance/ Alimony/Child Support | Pensions/Retirement/All Other Income |
| <ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) | <ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) | <ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates |
| <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) | <ul style="list-style-type: none"> - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits | <ul style="list-style-type: none"> - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household |
| <ul style="list-style-type: none"> - Allowances for off-base housing, food and clothing | | |

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):

- Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Asian 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 (FDPPIR) case number or other FDPPIR 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

| Guía de Ingresos Para Niños | |
|--|---|
| Tipo de ingreso | Ejemplos |
| Ingresos de empleo | Un niño tiene un trabajo en el que gana un sueldo o salario. |
| Seguro Social: -Pagos de discapacidad | Un niño es ciego o discapacitado y recibe beneficios de Seguro Social. |
| -Beneficios de Sobrevivientes | Un padre está discapacitado, se retiró, o ha fallecido y su hijo recibe beneficios de seguridad social. |
| Ingresos de personas fuera del hogar | Un amigo o miembro de la familia extendida que <i>regularmente</i> le da dinero para gastar a un niño. |
| Ingresos de cualquier otro origen | Un niño recibe ingresos de un fondo de pensiones privado, anualidad o fideicomiso. |

| Guía de Ingresos Para Adultos | | |
|---|---|--|
| Ingresos de Empleo | Asistencia Pública/Mantenición de Menores/ Pensión Matrimonial | Pensiones/Retiro/Otros Ingresos |
| <ul style="list-style-type: none"> - Sueldos, salarios, bonos en efectivo - El beneficio NETO del trabajo por cuenta propia (granja o negocio) | <ul style="list-style-type: none"> - Beneficios de desempleo - Compensación del trabajador - Ingresos de Seguridad Suplementario (SSI) - Asistencia en efectivo del Gobierno Estatal o Local - Pagos de pensión matrimonial - Pagos de manutención - Beneficios de veteranos - Beneficios de huelga | <ul style="list-style-type: none"> - Seguro Social (incluyendo beneficios de retiro, de ferrocarril y de pulmón negro) - Pensiones privadas o de discapacidad - Ingresos regulares de fideicomisos o sucesiones - Anualidades - Ingreso de inversión - Interés ganado - Ingresos de alquiler - Pagos en efectivo regulares fuera del hogar |
| <p>Si usted está en el militar EE.UU.:</p> <ul style="list-style-type: none"> - Sueldo básico y bonos en efectivo (<i>no incluya el pago de combate, FSSA, o subsidios de vivienda privatizados</i>) - Subsidios para la vivienda fuera de la base, alimentos y ropa | | |

OPCIONAL**Identidades Raciales y Étnicas de los Niños**

Estamos obligados a solicitar información sobre la raza de sus hijos y el origen étnico. Esta información es importante y ayuda a asegurarse de que estamos sirviendo plenamente a nuestra comunidad. Es opcional responder a esta sección y no afectará la elegibilidad de sus niños para comida gratuita o a precio reducido.

Etnicidad (Marque Uno):

Hispano o Latino No Hispano o Latino

Raza (Marque uno o más):

Indio Americano o Nativo de Alaska Asiático Negro o Africano Americano Nativo de Hawái u Otro Isla del Pacífico Sur Blanco

La **Ley de Almuerzo Escolar Nacional Richard B. Russell**, requiere la información en esta solicitud. Usted no tiene que dar la información, pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis u a precio reducido. Usted debe incluir los últimos cuatro dígitos del número de seguro social del miembro adulto del hogar que firma la solicitud. No se exigen los últimos cuatro dígitos del número de seguridad social cuando está llenando la solicitud para un hijo de crianza o usted anota el número de caso para el Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservas Indígenas (FDPRI) u otro identificador FDPRI para su hijo o cuando usted indica que el miembro adulto del hogar que firmo la solicitud no tiene un número de seguro social. Nosotros usaremos su información para determinar si su hijo es elegible para recibir comidas gratis u a precio reducido, y para la administración y ejecución de los programas de almuerzo y desayuno. PODRIAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudarles a evaluar, financiar o determinar beneficios para sus programas, auditores para revisar programas, y personal de justicia para ayudarles a investigar violaciones de las normas del programa.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, Braille, letra grande.

cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz yTTY) o comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

correo postal: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights

*1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o*

*fax: (833) 256-1665 o (202) 690-7442; o
correo electrónico: program.intake@usda.gov.*