2019-2020 Fallbrook Union Elementary School District

Apply online at: fuesd.org

Reference # _____

Household Application for Free and Reduced Price School Meals

Complete one application per household <u>Please use BLACK or BLUE INK only</u> (No pencil)

| STEP 1 List ALL | Household Members who are infants, chi | Idren, and students | up to and including grade | e 12 (if more spaces are required for | additional names, attach | another sheet of paper) |
|--|--|-----------------------|--|--|--------------------------------------|---|
| Definition of Household Member: "Anyone who is | Child's First Name | МІ | Child's Last Name | Date of Birth | School Grade | Homeless, Student? Foster Migrant, Yes No Child Runaway |
| 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. | | | | | | |
| STEP 2 Do any H | ousehold Members (including you) curre | ntly participate in o | ne or more of the followin | n assistance programs: SNAP_TAN | E or EDPIR? | |
| | | ning participate in o | | | | |
| | If NO > Go to STEP 3. If YE | ES > Write a case n | umber here then go to STEP | (Do not complete STEP 3) | e Number: Write only one case nu | mber in this space. |
| STEP 3 Report Inc | come for ALL Household Members (Skip th | is step if you answer | ed 'Yes' to STEP 2) | | | |
| | A. Child Income | | | Child income | How often? | |
| | Sometimes children in the household earn or r Child Household Members listed in STEP 1 he | | include the TOTAL income rec | eived by all | Weekly Bi-Weekly Semi-Monthly | Monthly |
| | B. All Adult Household Members (incl | | | • | | |
| Are you unsure what income to include here? | List all Household Members not listed in STEP for each source in whole dollars (no cents) only | | e income from any source, write | e '0'. If you enter '0' or leave any fields blan | k, you are certifying (promisin | g) that there is no income to report. |
| Flip the page and review the charts titled "Sources of Income" for more | Name of Adult Household Members (First and Last) | Earnings from Work | How often? | Public Assistance/ How off Child Support/Alimony Weekly Bi-Weekly s | emi-Monthly Monthly Monthly | |
| information. | | \$ | \circ \circ \circ \circ | \$ | ○ ○ \$ | 0000 |
| The "Sources of Income for Children" chart will help you with the Child | | \$ | \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc | \$ | ○ ○ \$ | |
| Income section. | | \$ | $\circ \circ \circ \circ$ | \$ | ○ ○ \$ | |
| The "Sources of Income for Adults" chart will help you with the All Adult | | \$ | \circ \circ \circ \circ | \$ | ○ ○ \$ | |
| Household Members section. | | \$ | $\circ \circ \circ \circ$ | \$ | ○ ○ \$ | 0000 |
| | Total Household Members (Children and Adults) | - | cial Security Number (SSN) of or Other Adult Household Memb | er XXXXXX | Check if no SS | N 🗌 |
| STEP 4 Contact in | nformation and adult signature: | | | 9 W. Fallbrook Street, Fallbrook C. | A 92028 or FAX to: 760 7 | <u>23-6143</u> |
| | ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under appli | | - | h the receipt of Federal funds, and that school off | icials may verify (check) the inform | ation. I am aware that if I purposely give |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Street Address (if available) | Apt # | City | State | Zip Dayi | ime Phone Number and/or E | Email Address |
| Printed name of adult signin | ng the form | Signature of ac | lult | Toda | ay's date | |

| Sources of Ir | 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 BAS (do <u>NOT</u> include combat pay, FSSA or privatized housing | Unemployment benefits Worker's compensation | 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 Rental income 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 | | Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's 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 | allowances) - Allowances for off-base housing, food and clothing | - Strike benefits | | |

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 D Native Hawaiian or Other Pacific Islander D 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 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 program sto 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file **a program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

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| Annual Income Conversion: Weekly x 52 | 2 / Bi-Weekly x 26 / Semi-l | Monthly x 24 / Monthly x 12 | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------|------|--|
| | How often? | | Eligibility: | | |
| Total Income | Weekly Bi-Weekly Semi Monthly Monthly | Household Size | Free Reduced Denied | | |
| | \circ \circ \circ \circ | Categorical Eligibility | $\circ \circ \circ$ | | |
| Determining Official's Signature | Date | Confirming Official's Signature Date | Verifying Official's Signature | Date | |
| | | | | | |
| Determining Official's Signature | Date | | Verifying Official's Signature | Date | |