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

**Apply online:** www.gaylordschools.com

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

**STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more lines 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 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. **PLEASE PRINT**

| | Child's First Name | MI | Child's Last Name | Student? Yes | Student? No | School | Grade | Foster Child | Homeless Migrant, Runaway |
|---|---|---|---|---|---|---|---|---|---|
| 1) | | | | ☐ | ☐ | | | ☐ | ☐ |
| 2) | | | | ☐ | ☐ | | | ☐ | ☐ |
| 3) | | | | ☐ | ☐ | | | ☐ | ☐ |
| 4) | | | | ☐ | ☐ | | | ☐ | ☐ |
| 5) | | | | ☐ | ☐ | | | ☐ | ☐ |

**STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR**

**If NO >** Go to STEP 3. **If 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)**

Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

## A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by All Household Members listed in STEP 1 here.

Child Income $ _____

How Often? Please put an X

| Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

## 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 gross income (before taxes) for each source in whole dollars (no cents) 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.

**PLEASE PRINT**

| Name of Adult Household Members (First and Last) | Earnings from Work | How Often? Weekly | Bi-Weekly | 2x Month | Monthly | Annually | Public Assistance/ Alimony/Child Support | How Often? Weekly | Bi-Weekly | 2x Month | Monthly | Annually | Pensions/Retirement/ All Other Income | How Often? Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1) | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2) | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3) | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4) | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5) | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |

Total Household Members (Children and Adults) _____

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. **Mail Completed Form to:** Michelle Kimmel, 615 S. Elm Ave., Gaylord, MI 49735

"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".

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

## **INSTRUCTIONS:** Sources of Income

| Sources of Child Income | Examples |
|---|---|
| Earnings from work | A child has a regular full or part-time job where they earn a salary or wages |
| Social Security<br>- Disability Payments<br>- Survivor's Benefits | A child is blind or disabled and receives Social Security Benefits.<br>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. |

| Sources of Adult Income | Examples |
|---|---|
| Earnings from work | Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military /<br>-Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>-Allowances for off-base housing, food and clothing |
| Public Assistance / Alimony / Child Support | -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI)<br>-Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits |
| Pensions / Retirement / All Other Income | -Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities<br>-Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household |

## **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 child(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 (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 investigate 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 USDA Program Discrimination Complaint Form (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

(1) by: 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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

***Only use this address if you are filing a complaint of discrimination**

This institution is an equal opportunity provider.

## **DO NOT FILL OUT:** 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:** $_____ $_____ $_____ $_____ $_____ **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____ _____ _____

Weekly Bi-Weekly 2x Month Monthly Annually Free Reduced Denied

_____ _____ _____

Determining Official's Signature Date | Confirming Official's Signature Date | Verifying Official's Signature Date