Printed name of adult signing the form

ST. FRANCES CABRINI CATHOLIC SCHOOL **2022-2023 Prototype Household Application for Free and Reduced Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Apply online (if applicable):

Today's date

STEP 1 List AL	L Household Members who are infants,	children, and stud	ents up to and including gr	ade 12 (if more spac	es are required for additior	nal names, attach	another sheet of paper)
Definition of Household	Child's First Name	MI	Child's Last Name			Grade S	itudent? Homeles Foster Migrant, S No Child Runawa
Member: "Anyone who is living with you and shares							
income and expenses, even if not related."							Àgd D
Children in Foster care and children who meet the							
definition of Homeless , Migrant or Runaway are eligible for free meals. Read							Check all that apply
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	one or more of the following	assistance program	s: SNAP, TANF, or FDPIR?		
Г	NO > Go to STEP 3	ES > Write a case	number here then go to STEP 4	(Do not complete STE	Case Number:		
						Write o	nly one case number in this space
STEP 3 Report In	ncome for ALL Household Members (Skip th	nis step if you answe	ered 'Yes' to STEP 2)				
	A. Child Income				Child income Weekly	How often? Bi-Weekly 2x Month Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Pleas	e include the TOTAL income rece	ived by all	\$	O O O	
	B. All Adult Household Members (inc						
Are you unsure what income to include here?	List all Household Members not listed in STEI for each source in whole dollars (no cents) on						
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often? Weekly Bi-Weekly 2x Month Month
of Income" for more information.		\$	0 0 0 0	\$	0 0 0 0	\$	0000
The "Sources of Income for Children" chart will		\$	0 0 0 0	\$	0 0 0 0	\$	0000
help you with the Child Income section.		\$		\$	0 0 0 0	\$	
The "Sources of Income for Adults" chart will help		\$		\$		\$	
you with the All Adult Household Members					0 0 0 0		
section.		\$	0 0 0 0	\$	0 0 0 0	\$	
	Total Household Members (Children and Adults)		Social Security Number (SSN) of er or Other Adult Household Membe	x X X X	(X	Check if no SSN	
STED 4 Course							
	information and adult signature. MAIL Co			the receipt of E. J. C. C.	and the Araba all officials	and the inferred	and the Add to the Add
•	tion on this application is true and that all income is repor y lose meal benefits, and I may be prosecuted under appl		•	the receipt of Federal funds	and that school oπicials may verify (ch	necк) tne intormation. I an	n aware that it i purposely give
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and E	Email (optional)	

Signature of adult

Sources of Income for Children										
Sources of Child Income	Example(s)									
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages									
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 									
-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									

So	ources of Income for Ad	dults
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	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 Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities	
	this section is optional and does not affect your children's eligibility for one): Hispanic or Latino Not Hispanic or Latino	information is important and helps to make sure we are fully serving our community. or free or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White
not have to give the meals. You must in signs the application behalf of a foster ch Assistance for Neer (FDPIR) case numt member signing the determine if your ch the lunch and break nutrition programs to program reviews, a In accordance with and policies, the US administering USD.	ussell National School Lunch Act requires the information on this application. You do be information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who had the last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary dy Families (TANF) Program or Food Distribution Program on Indian Reservations ber or other FDPIR identifier for your child or when you indicate that the adult household be application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, eprisal or retaliation for prior civil rights activity in any program or activity conducted or	Persons with disabilities who require alternative means of communication for program information (e.g. Bra large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact US through the Federal Relay Service at (800) 877-8339. Additionally, program information may be mavailable 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	t For School Use Only	
Annual Income (Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 N	Monthly x 12 Eligibility:

_	Annual Income	Conversion:	Weekly x 52,	Every 2 Week	s x 26, Twic	ce a Month x 24	4 Monthly 2	x 12
				How often?				

Total Income		11000	OILCII:							
		Bi-Weekly	2x Month	Monthly	Household Size			Free	Reduced	Denied
	0	0	0	0		Categorical I	Eligibility	0	0	0
Determining Official's Signature		Date		(Confirming Official'	s Signature	Date	Ver	ifvina (Officia

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

	Date
_	

INSTRUCTIONS Inc	come Eligibility Guidel	ines Ju	ıly 1, 2022 t	to June 30, 2	2023								
						INCOME E	LIGIBILITY G	UIDELINES					
				⊟ffecti	ve from		July 1, 202	2 to	June 30, 20)23			
	FEDERAL POVERTY GUIDELINES			REDUCED	PRICE MEA	LS - 185 %			FREE MEALS - 130 %				
HOUSEHOLD					TWICE PER	EVERY TWO				TWICE PER	EVERY TWO		
SIZE	ANNUAL		ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	
×	9-27-	48 CC	NTIGUOUS	STATES, DI	STRICT OF	COLUMBIA, G	SUAM, AND	TERRITORIES	3				
1	13,590		25,142	2,096	1,048	967	484	17,667	1,473	737	680	340	
2	18,310		33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458	
3	23,030		42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576	
4	27,750		51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694	
5	32,470		60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812	
6	37,190		68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930	
7	41,910		77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048	
8	46,630		86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166	
For each add'l family member, add	4,720		8,732	728	364	336	168	6,136	512	256	236	118	
					ALAS	KA							
1	16,990		31,432	2.620	1,310	1,209	605	22.087	1,841	921	850	425	
2	22,890		42,347	3,529	1,765	1,629	815	29,757	2,480	1,240	1,145	573	
3	28,790		53,262	4,439	2,220	2,049	1,025	37,427		1,560	1,440	720	
4	34,690		64,177	5,349	2,675	2,469	1,235	45,097	3,759	1,880	1,735	868	
5	40,590		75,092	6,258	3,129	2,889	1,445	52,767	4,398	2,199	2,030	1,015	
6	46,490		86,007	7,168	3,584	3,308	1,654	60,437	5,037	2,519	2,325	1,163	
7	52,390		96,922	8,077	4,039	3,728	1,864	68,107		2,838	2,620	1,310	
8	58,290		107,837	8,987	4,494	4,148	2,074	75,777	6,315	3,158	2,915	1,458	
For each add'l family													
member, add	5,900		10,915	910	455	420	210	7,670	640	320	295	148	
- i	*) ₀ 1		HAW	All			•				
1	15,630		28,916	2,410	1,205	1,113	557	20,319	1,694	847	782	391	
2	21,060		38,961	3,247	1,624	1,499	750	27,378		1,141	1,053	527	
3	26,490		49,007	4,084	2,042	1,885	943	34,437	2,870	1,435	1,325	663	
4	31,920		59,052	4,921	2,461	2,272	1,136	41,496		1,729	1,596	798	
5	37,350		69,098	5,759	2,880	2,658	1,329	48,555	4,047	2,024	1,868	934	
6	42,780		79,143	6,596	3,298	3,044	1,522	55,614	4,635	2,318	2,139	1,070	
7	48,210		89,189	7,433	3,717	3,431	1,716	62,673		2,612	2,411	1,206	
8	53,640		99,234	8,270	4,135	3,817	1,909	69,732	5,811	2,906	2,682	1,341	
For each add'l family member, add	5.430		10.046	838	419	387	194	7,059	589	295	272	136	