## 2023 - 2024 Child Nutrition Progams Household Application for Free and

APPLY ONLINE: RETURN TO (School/District Name):

**ADDRESS:** 

Reduced Price School Meals Complete one application per household. Please use a pen (not

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

a pencil).

List ALL children in the household. Do not forget to list infants, children attending other scl	, children attending other schools,	hools, children not in school, and children not applying for benefits. This includes children not related to you in your household	I, and children	not applying for b	enefits. This inc	ludes chil	dren not	t related to	you in y	our hou	ısehold.		
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STEP 2 Do any household members (including you) participate in: SNAP, TANF,		or FDPIR?											
NO → Go to STEP 3.	here and proceed to STEP 4.	CASE NUMBER	CASE NUMBER (NOT EBT NUMBER):	BER):									H
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STEP 3 List ALL household members and income for each member (before taxes and deductions)	each member (before taxes and	d deductions)											
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they 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.	ncluding yourself) even if they d y. If they do not receive income fr	o not receive income om any source, write '(	e. For each Hoo o'. If you enter '	usehold Member 0' or leave any fiel	listed, if they r ds blank, you al	eceive in e certifyi	come, re ng (prom	port total ising) tha	gross ir t there is	ncome ( s no inco	before to	axes an	.O
		How often received?	/ed?	Public Assistance,	How often received?	received?		Pensions, Retirement,	tirement,	How	How often received?	ved?	
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly 2Weeks 2x Month Monthly	Monthly Annual	Alimony	Weekly 2 Weeks	2x Month Mc	Monthly	VA Benefits, All Other	ē	Weekly 21	Every 2 Weeks 2x Month	nth Monthly	2
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Total Household Members (Children and Adults)	Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household	al Security Number of her Adult Household		100000	Check if no Social Security Number	Social		Diasco	Diasca caa anniication's hack	olicati	on'c hay	خ	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Member (if Applicable)			How often received?				for list	for list of income sources.	me so	urces.	5	
8. Child Income		Child Income	Managaran	Weekly 2 Weeks 2x Month	Monthly Annual				i i				
Sometimes children in the Household early of receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in ST	ed by ALL children listed in STEP 1 here	here. \$		0	0								
STEP 4 Contact information and adult signature.	RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: School Administrative Unit #9, 176A Main Street Conway NH 03818	O YOUR CHILD'S SCH	400L: School	Administrative Unit	#9, 176A Main S	reet Con	way NH 0.	3818					
"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 lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	ue and that all income is reportec alse information, my children may	I. I understand that thi	is information i nd I may be pro	s given in connect	ion with the rec plicable State a	eipt of Fe	ederal fu al Iaws."	nds, and tl	hat scho	ol officia	als may v	erify	1
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Print Name of Adult Signing the Form	Signature	nature of Adult	***************************************			Toda	Today's Date		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1
Mailing Address (if available)	ORDER TO THE PROPERTY OF THE P	State Zip	THE PROPERTY OF THE PROPERTY O	Phone (optional)	ial)	Email	Email (optional)	0					į
Raturn complated form to vour child's school													

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

<ul> <li>Allowances for off-base housing, food, and dothing</li> </ul>	Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing company)	<ul> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul>	Earnings from Work	
Strike benefits	government  Alimony payments  Child support payments	<ul> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or Incal</li> </ul>	Public Assistance/Alimony/ Child Support	Sources of Income
<ul> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	Investment income     Investment income     Earned interest	<ul> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> </ul>	Pensions/Retirement/ All other sources of income	e de company de la company de
<ul> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	<ul> <li>A friend or extended family member regularly gives a child spending money</li> </ul>	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	• A child has a regular full or part-time job where they earn a salary or wages	Examples of Income for Children

# OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

and does not affect your children's eligibility for free or reduced price meals. 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

Ethnicity (check one): 🔝 Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regar	can, Puerto Rica	n, South or Central American, or oth	ner Spanish Culture or origin, regardless of race)	Not Hispanic or Latino
Race (check one or more): 🔝 American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

#### DO NOT FILL OUT For school use only.

**Annual Income Conversion:** Weekly  $\times$  52, Every 2 Weeks  $\times$  26, Twice a Month  $\times$  24, Monthly  $\times$  12. Do not annualize income to determine eligibility unless more than one income frequency is listed. Eligibility

Determining Official's Signature		Iotal Income
		Weekly 2 Weeks 2x Month
	0	Monthly Annual Household size
	Categorical Eligibility	
Verifying Official's Signature	 0	Free Reduced Denied
Date		

#### Use of Information Statement

and law enforcement may also use your information to make sure that program rules are met and nutrition programs to help them deliver program benefits to your household. Inspectors The Richard B. Russell National School Lunch Act requires that we use information approve complete forms. We may share your eligibility information with education, health, from this application to see who qualifies for free or reduced price meals. We can only

Some children qualify for free meals without an application. Please contact your school to get Social Security Number.' Applications for a foster child do not need to list a Social Security free meals for a foster child, and children who are homeless, migrant, or runaway Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution number. Applications for children in households receiving Supplemental Nutrition Assistance household member who signs the application. If the adult does not have one, 'Check if no Please be sure to provide the last four numbers of the Social Security number of the adult

### The contact information below is solely to file a complaint of discrimination

Federal Relay Service at (800) 877-8339. alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited 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

violation. The completed AD-3027 form or letter must be submitted to USDA by: discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can

Office of the Assistant Secretary for Civil Rights U.S. Department of Agriculture 1400 Independence Avenue, SW FAX: EMAIL: program.intake@usda.gov (833) 256-1665 or (202) 690-7442; or \*Do not mail applications

\*MAIL:

This institution is an equal opportunity provider