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

Online Applications @ Family.TitanK12.com



Complete one appl	catio	n pe	r hou	seho	old.	PLE	ASE	E US	<u>SE A</u>	PE	N (N	от /	A PE	ENC	IL)												L		•				J				• <b>EATE</b>	
STEP 1 List A	LL ii	nfant	s, ch	ldre	en, al	nd s	stude	ents	up t	to a	nd ir	ncluc	ling	gra	de 1	l2 in	you	ır ho	ouse	hold	(if m	nore s	spac	es ai	re re	quire	ed for	add	itiona	l nam	es, at	tach a	anothe	r shee	et of pa	iper)		
	7	Chil	d's Fi	rst I	Nam	e									N	11	Ch	ild's	Las	t Nar	ne									Scho	ool Na	ame					Foster Child	Homeless, Migrant, Runaway
Definition of <b>Household</b> Member: "Anyone who is		Π	Т				Т		Т						Γ		Γ				Τ															Г		
iving with you and shares ncome and expenses,				T		╡	十	t	T	T	Ī		Ť	۲	F	f	F		Ħ	Ť	Ť	Ť		Ħ		T	T	t	H									
even if not related." Children in <b>Foster care</b>		H	┿	$\frac{1}{1}$	H	$\dashv$	╪	+	╈		+	H	$\pm$	$\dashv$	F	$\dashv$	$\vdash$		H	+	+	<u> </u>			+	+	+	+	$\square$							t apply		
and children who meet the definition of <b>Homeless</b> ,		Ц	_			_	╧	_	_						Ļ			<u> </u>	Ц	+	╇				_	_	╇	<u> </u>	Ц							k all that		
Migrant or Runaway are eligible for free meals.																																				Checl		
		$\square$													Γ																							
STEP 2 Do a			hold	Mon	nhor	e (ii	nclu	din		u) c	urro	ntly	nart	icin	ato	in o	no c	or m	ora	of th	a fai	llowi	na	acci	etar		orog	ram	e. 6		ΤΛΝ	E or	FDPI	<b>P</b> 2 C	ircle o	ne <sup>.</sup> V	os / N	0
										u) c																											63 / IN	
		lf you	answ	ered	<b>NO</b> >	• Cor	nplete	e STI	EP 3.		lf y	ou an	swe	red 1	(ES :	> VVri	te a d	case	numb	er he	re the	en go	to SI	IEP 4	l <u>(Do</u>	not d	ompl	ete S	IEP	<u>3)</u> Ca	ase Nu	Imber		e only c	ne case	number	in this s	pace.
STEP 3 Repo	ort In	com	e for	ALI	L Ho	ous	ehol	ld N	lemk	oers	<b>s</b> (Sk	ip thi	s ste	ep if	vou	ansv	vere	d 'Ye	es' to	STE	:P 2)																	
			ild In												,						,									How	often?							
Are you unsure what income to include here?	:	Somet	imes c hold M	nildre	n in tl					come	e. Ple	ase in	clude	e the '	τοτ	AL GF	ROSS	S inco	ome e	arned	by al	l Child	lren	\$	Child	GROS	Sincor	ne				nth Mon						
Flip to the back of this application and review the charts titled "Sources of Income" for more information.	l	<ul> <li>B. All <u>Adult</u> Household Members (including the Adult Household Members (including and deductions) for each source in whole dollar.</li> <li>Name of Adult Household Members (First and Last)</li> </ul>						uding lars (	ng yourself) even if they do not receive i						om ar often?	any source, write '0'. If you enter '0' or leanne in the second sec						eave any fields blank, you are certifying How often? Pen						ying (p Pensio	g (promising) that there is no income to report. nsions/Retirement/									
The "Sources of Income										٦	e Earn	ings fro	om vvc	ork	Week	dy   Bi-\		2x Mc	onth M	onthly	<b>\$</b> [		uppor	VAIIm	ony [	Neekly	Bi-We	ekly 2:	Month	Monthly	¢	All Oth	er Income	* 	Weekly I	3i-Weekly	2x Mont	h Monthly
for Children" chart will help you with the Child Income Section.	/									f	♥ ♠ [	<u> </u>					${}$	$\overline{}$			•					$\subseteq$					Ψ ¢			ļ!		$\underline{\bigcirc}$	$\square$	
The "Sources of Income for Adults" chart will help							—			รี	\$										ې م		_			$\bigcirc$			)		Ŷ					$\square$	$\bigcirc$	$\bigcirc$
you with the Adult Household Members							_			f	\$									2	\$ •					$\bigcirc$	<u> </u>	) (	)	$\bigcirc$	\$					$\square$	$\bigcirc$	$\bigcirc$
Income Section.											\$					) (	$\bigcirc$	$\bigcirc$	) (		\$					$\bigcirc$	С	)	)	$\bigcirc$	\$				$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	(		tal He				embe	ers														SN) o old Me		er [	X	X	x	X	x				Check	k if no		]		
STEP 4 Cont	act i	nfor	mati	on a	and	adı	ult s	ign	atur	е	Ma	il Co	omp	olet	ed F	=orr	n to	: Aı	mph	ithe	ater	Puk	olic	Sch	100	s	70	1 W	We	tmor	e Rd	. Tuc	cson,	AZ 8	35705			
certify (promise) that all info onnection with the receipt of alse information, my children	Federa	l funds	, and th	at sch	ool offi	cials	may ve	erify (o	check)	the in	format	ion. I a	m awa	are tha	at if I p			ve	Eligi	bility:	Free		Redu	iced_		Denie	ed	OFF	ICE L	ISE ON	NLY					ШE	rror Pro	one
																			Dete	rminir	ng Of	ficial'	s Sig	ynatu	re: _							Da	ate:					
ignature of adult completing	the forr	n					∟ Tod	lay's d	ate																				-	Certif	ied: D	ate of	i Disreg	jard: _				
																			Hous	ehold	Size:								-									
Printed name of adult comple	ting the	form					Day	ytime	Phone a	and E	mail (o	ptional)																					Month	□Mor	_		al	
Street Address (if available)							ot #		City					tate		in						<b>Verif</b> i al's Si			onfirr	ning	Officia	al's Si	gnatu	re:		te:			_ Date:			
						Δn			V UIV					AIR												_		_										

## INSTRUCTIONS Sources of Income

S	ources of Income for Children	Sources of Income for Adults									
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income							
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>							
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.	- Net income from self- employment (farm or business) If you are in the U.S. Military:	- Workers Compensation - Supplemental Security Income (SSI)	<ul> <li>Private Pensions or disability</li> <li>Regular income from trusts or estates</li> </ul>							
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.	- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing	- Cash Assistance from State or local government	- Annuities - Investment Income							
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.	allowances) -Allowances for off-base housing, food and clothing	<ul><li>Alimony payments</li><li>Child support payments</li></ul>	- Earned Interest - Rental Income							
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Veteran's benefits - Strike benefits	- 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 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

 $\Box$  Native Hawaiian or Other Pacific Islander  $\Box$ 

□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 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.