Apply online at www.lunchapplication.com

plete one application per household. Please use a pen (not a pencil). High Point Acade

Printed name of adult signing the form

Complete one application	per nousenoid. Please use a pen (not a p	ncii). High Point Academy	······································
STEP 1 List ALL	Household Members who are infants, ch	ldren, and students up to and including grade 12 (if more spaces are required for additional name	s, attach another sheet of paper)
Definition of Household Member : "Anyone who is living with you and shares income and expenses, even	Child's First Name	MI Child's Last Name	Grade Student? Fost s, Yes er Migrar N Chil Runav o
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.			Check all that apply
STEP 2 Do any F	ousehold Members (including you) curr	ntly participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?	Circle one YES NO
	If NO > Go to STEP 3.	Case Number: Write a case number here then go to STEP 4 (Do not complete STEP 3)	Write only one case number in this space
STEP 3 Report In	come for ALL Household Members (Skipt	is step if you answered 'Yes' to STEP 2)	
Are you unsure what income to include here?	Household Members listed in STEP 1 here. B. All Adult Household Members (inc.)	eceive income. Please include the TOTAL income received by all Child income Child income	ome report total gross income (hefore taxes)
Flip the page and review		y. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying How often? How often?	g (promising) that there is no income to report.
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work Weekly Bi-Weekly 2x Month Monthly Public Assistance/ How orten? Public Assistance/ How orten? Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Mon
information. The "Sources of Income		s 0000 s 000	\$ OOOC
for Children" chart will help you with the Child Income section.			0000
The "Sources of Income			
for Adults" chart will help you with the All Adult Household Members			
		\$ 0000	
otal Household Members (Chi	·	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	\$ eck if no SSN
"I certify (promise) that all information		npleted Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE ed. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check cable State and Federal laws."	t) the information. I am aware that if I purposely give
,,	, —, —— р. — — дами мур		
Street Address (if available)	Apt #	City State Zip Daytime Phone and Email (c	pptional)

Today's date

Signature of adult

Sources of Inc	ome 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 SecurityDisability PaymentsSurvivor'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

S	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)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits
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 dothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

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		sible state or local agency that administers the program or USDA's TARGET	
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
Responding to this section is optional 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.

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)

er 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:

Date

- 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- 2. Fax: (833) 256-1665 or (202) 690-7442;
- 3. Email: program.intake@usda.gov

This institution is an equal opportunity provider

Do not fill out

For School Hea Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

How often?							Eligibility:			
Total Income		Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied	
	0	0	0	0		Categorical Eligibility	0	0	0	

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