

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. The Academy of Seminole offers healthy meals every school day. Breakfast costs \$1.80; lunch costs \$3.70. Your children may qualify for free meals or for reduced-price meals.

Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **WHO CAN GET FREE OR REDUCED-PRICE MEALS?**

- All children in households receiving benefits from (Supplemental Nutrition Assistance Program [SNAP]), (Food Distribution Program on Indian Reservations [FDPIR], or (Temporary Assistance for Needy Families [TANF]) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household’s income is within the limits on the federal Income-Eligibility Guidelines (IEGs). Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2025					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional member, added:	9,953	830	415	383	192

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call 405-380-9010 or e-mail [taos@theacademyof.org](mailto:taos@theacademyof.org).
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: (Name, Address, Phone Number).

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact (Name, Address, Phone Number, E-Mail) immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit (Web site) to begin or to learn more about the online application process. Contact (Name, Address, Phone Number, E-Mail) if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through (date). You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC MAY be eligible for free or reduced-price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who become unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: (Jadee Hoskison, PO Box 1681 Seminole, Ok, 74818 405-380-9010, jadee.hoskison@theacademyof.org).
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you NORMALLY receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will ALSO be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you MEANT to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact (Name, Address, Phone Number, E-Mail) to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for (SNAP) or other assistance benefits, contact your local assistance office or call 1-877-760-0114 or scan the QR code:



If you have other questions or need help, call 405-380-9010

Sincerely,

Jadee Hoskison

## HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit ONE application per household, even if your children attend more than one school in Seminole District. The application must be filled out completely to certify your children for free or reduced-price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Jadee Hoskison—405-380-9010 [jadee.hoskison@theacademyof.org](mailto:jadee.hoskison@theacademyof.org).

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include ALL members in your household who are:

- Children aged 18 or under AND are supported with the household's income.
- In your care under a foster arrangement or qualify as homeless, migrant, or runaway youth.
- Students attending The Academy of Seminole regardless of age.

- A. List each child's name. For each child, print his/her first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B. Is the child a student at The Academy of Seminole? Mark Yes or No under the column titled Student to tell us which children attend The Academy of Seminole.
- C. Do you have any foster children? If any children listed are foster children, mark the Foster Child box next to the child's name. If you are ONLY applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and non-foster children, go to STEP 3. Foster children who live with you may count as members of your household and should be listed on your application.
- D. Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the Homeless, Migrant, Runaway box next to the child's name and complete all steps of the application.

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?** If Yes, record the proper case number (only one per household) in the box. Skip to STEP 4.

If anyone in your household participates in the assistance programs, your children are ELIGIBLE for free school meals.

If **NO ONE** in your household participates in any of the above programs:

- Leave STEP 2 blank and go to STEP 3

If **ANYONE** in your household participates in any of the above programs:

- Write a case number for SNAP, TANF, OR FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker..
- Go to STEP 4.

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

How do I report my income?

- Use the charts titled Sources of Income for Adults and Sources of Income for Children printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. — Gross income is the total income received before taxes.  
— Many people think of income as the amount they take home and not the total gross amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a 0 in any fi elds where there is no income to report. Any income fi elds left empty or blank will also be counted as a zero. If you write 0 or leave any fi elds blank, you are certifying (promising) that there is no income to report. **If local officials suspect that your household income was reported incorrectly, your application will be investigated.**
- Mark how often each type of income is received using the check boxes to the right of each fi eld.

A. Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income?  
Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

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 he/she earns 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 his/her child receives social security benefits
• Income from persons OUTSIDE the household	• A friend or extended family member REGULARLY gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include ALL ADULT members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do NOT include people who:

- Live with you but are not supported by your household's income AND do not contribute income to your household.
- Infants and children and students already listed in STEP 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in gross income ONLY. Report all income in whole dollars. Do not include cents. — Gross income is the total income received before taxes or deductions.  
— Many people think of income as the amount they take home and not the total gross amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

FOR EACH ADULT HOUSEHOLD MEMBER: continued

- Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

- B. List adult household members' names. Print the name of each household member in the boxes marked Names of Adult Household Members (First and Last). Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, Part A.
- C. Report earnings from work. Refer to the chart titled Sources of Income for Adults in these instructions, and report all income from work in the Earnings From Work field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenues.
- D. Report income from public assistance/child support/alimony. Refer to the chart titled Sources of Income for Adults in these instructions and report all income that applies in the Public Assistance/Child Support/Alimony field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal regular payments should be reported as other income in the next part.
- E. Report income from pensions/retirement/all other income. Refer to the chart titled Sources of Income for Adults in these instructions, and report all income that applies in the Pensions/Retirement/All Other Income field on the application.
- F. Report total household size. Enter the total number of household members in the field Total Household Members (Children and Adults). This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free or reduced-price meals.
- G. Provide the last four digits of your social security number. The household's primary wage earner or another adult household member must enter the last four digits of his/her social security number in the space provided. You are eligible to apply for benefits even if you do not have a social security number. If no adult household member has a social security number, leave this space blank and mark the box to the right labeled Check if no SSN.

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• NET income from self-business) • Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>• Allowances for off-base</li> <li>• REGULAR cash payments from</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits • Worker's compensation railroad retirement and black lung benefits)</li> <li>• Private pensions or disability government</li> <li>• Alimony payments • Regular income from trusts or estates</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> <li>• Earned interest housing, food, and clothing outside household</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including farm or</li> <li>• benefits</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Rental income</li> </ul>

#### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the application.

- A. Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. Print and sign your name. Print your name in the box Printed Name of Adult Completing the Form. Sign your name in the box Signature of Adult Completing the Form.
- C. Today's date. In the space provided, write today's date.
- D. Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

**2024-2025 Application for Free and Reduced-Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Apply online at \_\_\_\_\_

**STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces 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 the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?		Check all that apply	Foster Child	Homeless, Migrant, Runaway
							Yes	No		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?**

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)**

Are you 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 children in the household listed in STEP 1 here.

Child Income			
\$			

How Often			
Weekly	Bi-weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 he/she does receive income, report 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.

Names of Adult Household Members (First and Last)

Earnings From Work	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Assistance/ Child Support/ Alimony	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pensions/Retirement/All Other Income	How Often			
	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Insert Your School District Mailing Address Here**

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 Code  Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form  Signature of Adult Completing the Form  Today's Date



# INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns 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 his/her child receives social security benefits
• Income from persons <i>OUTSIDE</i> the household	• A friend or extended family member <b>REGULARLY</b> gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>NET</b> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA, or privatized housing allowances</i>)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <b>REGULAR</b> cash payments from outside household</li> </ul>

## 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     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 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, audiotope, 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov) 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

		How Often?						Eligibility:			
Total Income	<input type="text"/>	Annually	Bi-Weekly	2 x Month	Monthly	Household Size	<input type="text"/>	Free	Reduced	Denied	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
						Categorical Eligibility		<input type="checkbox"/>			
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	Verifying Official's Signature	<input type="text"/>	Date	<input type="text"/>



# SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- ~~Yes! I DO want school officials to share information from my Free and Reduced-Price School~~  
 Meals  
Application with (Name of Program Specific to Your School) \_\_\_\_\_.
- Yes! I DO want school officials to share information from my Free and Reduced-Price School  
Meals  
 Application with (Name of Program Specific to Your School) \_\_\_\_\_.
- Yes! I DO want school officials to share information from my Free and Reduced-Price School  
Meals  
Application with (Name of Program Specific to Your School) \_\_\_\_\_.

If you checked Yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the children listed below. Your information will be shared only with the programs you checked.

\_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address  
Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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For more information, you can call (Name) \_\_\_\_\_ at (Phone) \_\_\_\_\_  
or e-mail \_\_\_\_\_.

Return this form to: (Address) \_\_\_\_\_

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by (Date) \_\_\_\_\_.