**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)

**STEP 2**

**Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?**

**If NO** > Complete 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)

How often?

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

**$**

How often?

How often?

How often?

Name of Adult Household Members (First and Last)

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**$**

**Total Household Members (Children and Adults)**

**Check if no SSN**

“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.”

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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 **How to Apply for Free and Reduced Price School Meals** for more information.

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**2019-2020 MAX Charter School Household Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

**Contact information and adult signature Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE**

Today’s date

Signature of adult completing the form

Daytime Phone and Email (optional)

Zip

State

City

Apt #

Printed name of adult completing the form

Street Address (if available)

**Child’s Last Name Grade**

**MI**

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.

Check all that apply

Weekly Bi-Weekly2x MonthMonthly

Weekly Bi-Weekly2x MonthMonthly

 Weekly Bi-Weekly 2x Month Monthly

Earnings from Work WeeklyBi-Weekly2x MonthMonthly

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**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

Pensions/Retirement/
All Other Income

**X X X**

**X X**

**STEP 4**

**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 they do receive income, report total 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.

Public Assistance/
Child Support/Alimony

**Child’s First Name**

Homeless, Migrant, Runaway

Foster Child

Student?

Yes No

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.Youmustincludethelastfourdigitsofthesocialsecuritynumberoftheadulthouseholdmemberwhosignsthe application. The lastfour digits of thesocial security numberis not required whenyou apply onbehalf 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.

InaccordancewithFederalcivilrightslawandU.S.DepartmentofAgriculture(USDA)civilrightsregulations andpolicies,theUSDA,itsAgencies,offices,andemployees,andinstitutionsparticipatinginor administeringUSDAprogramsareprohibitedfromdiscriminatingbasedonrace,color,nationalorigin,sex,disability,age, orreprisalorretaliationforpriorcivilrightsactivityinany programoractivityconductedor funded by USDA. Personswithdisabilitieswhorequirealternativemeansofcommunicationforprograminformation(e.g.Braille,largeprint,audiotape,AmericanSignLanguage,etc.),shouldcontacttheAgency(Stateorlocal)wheretheyappliedforbeneﬁts.Individualswhoaredeaf,hardofhearingorhavespeechdisabilitiesmaycontactUSDAthroughtheFederalRelayServiceat(800)877-8339.Additionally,programinformationmaybemadeavailableinlanguagesotherthanEnglish. Toﬁleaprogramcomplaintofdiscrimination,completetheUSDAProgramDiscriminationComplaintForm,(AD-3027)foundonlineat:[http://www.ascr.usda.gov/complaint\_ﬁling\_cust.html,](http://www.ascr.usda.gov/complaint_%EF%AC%81ling_cust.html)andatanyUSDAoffice,orwritealetteraddressedtoUSDAandprovideintheletteralloftheinformationrequestedintheform.Torequestacopyofthecomplaintform,call(866)632-9992.SubmityourcompletedformorlettertoUSDAby:

mail: U.S.DepartmentofAgriculture, OfficeoftheAssistantSecretaryforCivil Rights1400IndependenceAvenue,SW Washington,D.C.20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Income** | **How Often?** |  | **Household Size** |  | **Eligibility** |  | **OR** |  | **Categorically****Eligible?** |  |
| **Weekly** | **Bi-Weekly** | **2 x Month** | **Monthly** | **Annually** | **Free** | **Reduced** | **Denied** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Determining Official’s Signature** | **Date** |  | **Confirming Official’s Signature** |  |  | **Verifying Official’s Signature** | **Date** |
|  |  |  |  |  |  |

**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**

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**INSTRUCTIONS**

**No-Cost Health Insurance from Louisiana Children’s Health Insurance Program (LaCHIP):** Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child’s eligibility for free and reduced-price meals.

\_\_\_\_\_ I do **NOT** want school officials to share information from my free and reduced-price meals application with La CHIP. Please sign here:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

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Black or African American

Native Hawaiian or Other Pacific Islander White

Asian

American Indian or Alaskan Native

|  |
| --- |
| **Race (check one or more):SOURCES OF INCOME FOR CHILDREN** |
| **Sources of Child Income** | **Examples(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
* Survivors Benefits
 | A child is blind or disabled and receives Social Security benefitsA 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 |

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Hispanic or Latino

Not Hispanic or Latino

|  |
| --- |
| **Ethnicity (check one):SOURCES OF INCOME FOR ADULTS** |
| **Earnings from Work** | **Public Assistance/ Alimony/ Child Support** | **Pensions/Retirement/All Other Income** |
| Salary, wages, cash bonusesNet 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 benefitsWorker’s CompensationSupplemental Security Income (SSI)Cash assistance from state or local governmentAlimony paymentsChild Support PaymentsVeteran’s BenefitsStrike Benefits | Social Security (including railroad retirement and black lung benefits)Private pensions or disability benefits Regular income from trusts or estatesAnnuitiesInvestment IncomeEarned InterestRental Income Regular cash payments from outside household |

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.

**Children's Racial and Ethnic IdentitiesSources of Income**

**OPTIONAL**