2020-2021 MAX Charter School Household Application for Free and Reduced Price School Meals

Printed name of adult completing the form

| School Meals | | | | | | |
|---|--|--|--|---|--------------------------------------|---|
| STEP1 List ALI | . Household Members who are infant | ts, children, and stud | dents up to and including | grade 12 (if more spaces are requ | uired for additional names | , attach another sheet of paper) |
| Definition of Household | Child's First Name | MI | Child's Last Name | | Grade | Student? Homeless, Student? Foster Migrant, Yes No Child Runaway |
| Member: "Anyone who is living with you and shares | | | | | | Yes No Child Runaway |
| income and expenses, even if not related." | | | | | | ec k all |
| Children in Foster care and children who meet the | | | | | | tna t |
| definition of Homeless, Migrant or Runaway are eligible for free meals. Read | | | | | | ap ply |
| How to Apply for Free and Reduced Price School | | | | | | |
| Meals for more information. | | | | | | |
| STEP 2 Do any | Household Members (including you |) currently participa | te in one or more of the fo | ollowing assistance programs | s: SNAP, TANF, or FD | PIR? |
| | If NO > Complete STEP 3. | If YES > Write a cas | se number here then go to STEP | 4 (Do not complete STEP 3) | Case Number: | |
| | | | | <u></u> | V | Vrite only one case number in this space. |
| STEP 3 Report | Income for ALL Household Memb | ers (Skip this step if y | ou 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. | Sometimes children in the household earn Household Members listed in STEP 1 here. B. All Adult Household Members (in List all Household Members not listed in STEI for each source in whole dollars (no cents) or | ncluding yourself) P 1 (including yourself) eve | en if they do not receive income. F | \$ | | otal gross income (before taxes) that there is no income to report. |
| for more information. | Name of Adult Household Members (First and Last) | Earnings from Work | WeeklyBi-Weekly2x MonthMonthly | Child Support/AlimonWeekly Bi-Weekly2x Month | | |
| The "Sources of Income for Children" | | \$ | | | \$ | |
| chart will help you with the Child Income | | \$ | | | \$ | |
| section. | | \$ | <u> </u> | | \$ | 0000 |
| The "Sources of Income for Adults" | | \$ | <u> </u> | | \$ | |
| chart will help you with the All Adult Household Members | | \$ | | | \$ | |
| section. | Total Household Members (Children and Adults) | | ocial Security Number (SSN) of er or Other Adult Household Memb | er XXX XX | Check if no SSN | |
| STEP 4 Contac | t information and adult signature | e Mail Comp | oleted Form To: INSER | YOUR SCHOOL/DISTRIC | T MAILING ADDRES | S HERE |
| | tion on this application is true and that all income is repo | | | receipt of Federal funds, and that school off | icials may verify (check) the inform | nation. I am aware that if I purposely give |
| ,, | | The same is a same in the same | | | | |
| Street Address (if available) | Apt# | City | State | Zip Daytim | e Phone and Email (optional) | |
| | | | | | | |

Today's date

Signature of adult completing the form

| OPTIONAL | Children's Racial ar |
|----------|----------------------|

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

| We are required to ask for information about your children's race and ethnicity. This | il ilormation is important and | a neips to make sure we are rung | y serving our community. Responding to |
|---|--------------------------------|----------------------------------|--|
| | | | |

| optional and accorder alloct | real emarer e engiently for model reduced price medie. | 100 00st Treatm insurance from Education Stream (Education (Education General Stream (Education |
|---|--|---|
| Ethnicity (check one): | Race (check one or | price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to shall information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application |
| ☐ Hispanic or Latino | ☐ American Indian or Alaskan Native | 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. |
| ☐ Not Hispanic or Latino | ☐ Asian | |
| _ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Black or African American | I do NOT want school officials to share information from my free and reduced-price meals application with La CHIP. Please signers: |
| | ☐ Native Hawaiian or Other Pacific Islander | |
| | ☐ White | Signature of Parent/Guardian Date |
| | | |

The Richard B. Russell National School Lunch Actrequires 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 numbers 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, the USDA, its Agencies, offices, and employees, and institutions participating in or

administering USD A programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, color, national origin, sex, disability, age, and the resulting based on race, and the resul

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programoractivityconductedor funded by USDA.
Stateorlocal)wheretheyappliedforbenefits Individualswhoaredeaf hardo

Personswithdisabilitieswhorequirealternativemeansofcommunicationforprograminformation(e.g.Braille,largeprint,audiotape,AmericanSignLanguage,etc.),shouldcontacttheAgency(Stateorlocal)wheretheyappliedforbenefits.Individualswhoaredeaf,hardo fhearingorhavespeechdisabilitiesmaycontactUSDAthroughtheFederalRelayServiceat(800)877-8339.Additionally,programinformationmaybemadeavailableinlanguagesotherthanEnglish.

Tofileaprogramcomplaintofdiscrimination,completetheUSDAProgramDiscriminationComplaintForm,(AD-

3027)foundonlineat:http://www.ascr.usda.gov/complaint_filing_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.

INSTRUCTIONS

IdentitiesSources of

| ources of Child Income | Examples(s) | Earnings from Work | Public Assistance/ Alimony/ | Pensions/Re |
|--|---|--|---|--|
| rnings from work | A child has a regular full or part-time job where they earn a salary or wages | Salary, wages, cash bonuses | Child Support Unemployment benefits Worker's Compensation | Social Securit railroad retire black lung be Private pension |
| | A child is blind or disabled and receives Social | Net income from self employmen (farm o business) | Supplemental Security | disability bene Regular incor trusts or estat Annuities |
| ocial Security - Disability Payments | Security benefits A parent is | If you are in the U.S. Military Basic pay | assistance from state or local government | Investment In |

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

| Total Income | How Often? | | | | |
|--------------|---|--|--|--|----------|
| | Weekly Bi-Weekly 2 x Month Monthly Annually | | | | Annually |
| | | | | | |

Household Size

| | Eligibility | | | | |
|---|-------------|---------|--------|--|--|
| ı | Free | Reduced | Denied | | |
| | | | | | |

OR Categorically Eligible?

| Determining Official's Signature | Date |
|----------------------------------|------|
| | |

| Confirming Official's Signature | |
|---------------------------------|--|
| | |

| Verifying Official's Signature | Date |
|--------------------------------|------|
| | |