Contracting Entity Name	Household A	oplication for Free	and Re	educed-Price Summe	<b>r Meals</b> (For use by	camps and closed enrolle	ad citac)	SUMMER SERVICE P		
	embers who are in	fants children and	tudent	s up to and including g	rada 12					
If more spaces are needed, u			ruuciit	s up to and merduing g	rauc 12				Homeless,	
Definition of <b>Household Member</b> : "Anyone who is living with you and shares income and expenses, even if not related."  Children in <b>Foster care</b> and children who meet the definition of	Child's First Name		MI	Child's Last Name		Student? Yes No	Grade	Start Ch	ster Migrant, ild Runaway	
are eligible for free meals. Read the directions for more information.								"		
STEP 2 Do any Household Me			-	one or more of the fol		• •	F, or FDPIR	?		
If <b>NO</b> Go to STEP 3	If <b>YES</b> —	Write the Eligi	bility De to ST	etermination Group (EDG EP 4 (do <u>not complete ST</u>	5) number here, then ΓΕΡ 3)	go <b>EDG Number</b> or FDPIR Numb	ner			
STEP 3 Report Income for AL	L Household Memb	ers (Skip this step if	you an	swered 'YES' to STEP 2	2)					
A. Last four digits of Social Security Number (SSN) of an Adult Household Member XXX- XX- Check if no SSN  B. Income for 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. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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. If more spaces are needed, use the Additional Names section on the back.										
Name of Adult Household Members	Work Earnings	Frequency	•	Public Assistance/	Frequency	Pensions/Reti	-	Frequer	ıcy	
(First & Last)	\$	W E T M		Child Support/Alimony  \$ \$ \$ \$ \$	W E T	M A SAII Other Incomes  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mes W	E T	M A	
C. Income for Children in the House	ehold			Total Child Income	W E T	M A				
Sometimes children in the household earn received by all Household Members listed children listed on back).			come	\$		D. Total Ho	ousehold Me & Adults)	embers		
STEP 4 Contact information a	nd adult signature.	Return this applicat	ion to:	insert mailing address,	, fax number and/o	or return to the summ	er site.			
"I certify (promise) that all information of officials may verify (check) the information of the control of the	* *				0				iool	

Street Address (if available) Daytime Phone and Email (optional) Apt # City State Zip code Signature of adult Today's date

Printed name adult signing the form

Additional Names										
List any additional <b>child</b> household members not listed in STEF	?1.	Student? Homeless,								
Child's First Name	MI Child's Last Name	Head Foster Migrant,								
dilita 5 i list ivalite	MI GING S East Name	Tes No Grade Start Child Runaway								
	_	at a								
		ek elektronia elektron								
List any additional adult household members not listed in STEP 2. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually										
Name of Adult Household Members Work Earnings	Frequency Public Assistance/	Frequency Pensions/Retirement/ Frequency								
(First & Last)	W E T M A Child Support/Alimony W	E T M A All Other Incomes W E T M A								
<u> </u>		<sub>\$</sub>								
9										
\$	\$	\$								
		\$								
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 A	laskan Native Asian Black or African Ame	erican Native Hawaiian or Pacific Islander White								
The <b>Richard B. Russell National School Lunch Act</b> requires the information on this application. You do not have to give the information, but if you do not, it may affect your child's eligibility to receive free 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 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 a										
(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/ad-3027.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, SW, Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov										
	DO NOT FILL OUT. This section for sponsor use o	only.								
Annual income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12										
Thintial income donversion. Weekly x 32, Every 2 weeks x 20, 1										
Household Size Total Income	Frequency Reviewin	ing/Determining Official's Signature Date								
Touschold Size Total Hicolife	W E T M A									
\$										
	Confirm	ning Official's Signature								
	Free Reduced Denied Confirm	ning Official's Signature Date								
Categorical Determination Eligi	bility									