-	plication for Free and I		Meals - VT Agency of Educencil).	ıcation		App #
STEP 1 List Al	LL Household Members who are	infants, children, and students	up to and including grade 12 (if mo	ore spaces are required for addition	onal names, attach another sheet of	paper)
Definition of Household Member: "Anyone who i living with you and shar 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. Rea How to Apply for Free an Reduced Price School Meals for more information	Child's First Name e dd dd	MI	Child's Last Name	School Name	Grade	Student? Foster Migrant*, Yes No Child or Runaway
STEP 2 Do an	y Household Members (includir	ng you) currently participate in o	one or more of the following assista	ance programs: 3SquaresVT or R	each Up?	
If No	O > Complete STEP 3. If YES	5 > Write a case number here	then go to STEP 4 (Do not complete	ete STEP 3)	Case Number:	
Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.	applicable. See back for r B. All Adult Household M they do not receive incor	More information. Members (including yourself) Mee. For each Household Members any source, write '0'. If you enter (First & Last) Earnings from \$ Last Four Digits	List all Household Members not er listed, if they do receive income, if the	listed in STEP 1 (including yourseport total for source in whole does certifying (promising) that the Public Assistance/ Child Support/ Alimony S S S S S S S S S S S S S S S S S S	elf) even if Ollars only. If they do	Bi- 2x
	ct information and adult signatur					
Signature of adult con	rits, and I may be prosecuted under applicable mpleting the form able) rmation on free or low-cost health is	State and Federal laws." Apt #	Printed name of adult completing City Care at 1-800-250-8427 or www.Green	the form State Zip	Today's date Email (are that if I purposely give false information, my Cell Phone Number optional) sts, call 1-800-479-6151 or visit
Do Not Fill Out Annual Income Conv Total Income Determining Official's Sign	For School Use Only version: Weekly x 52, Every 2 W Frequency Weekly Bi-Weekly 2x Month Month	Household Size	, ,			Date

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 they earn 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 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			

Sources of Income for Adults						
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) 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 benefits Worker's compensation Supplemental SecurityIncome (SSI) Cash assistance from Stateor local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household 				

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						

White

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the
1	25,142	2,096	1,048	967	484	reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.
2	33,874	2,823	1,412	1,303	652	
3	42,606	3,551	1,776	1,639	820	
4	51,338	4,279	2,140	1,975	988	
5	60,070	5,006	2,503	2,311	1,156	
6	68,802	5,734	2,867	2,647	1,324	
7	77,534	6,462	3,231	2,983	1,492	
8	86,266	7,189	3,595	3,318	1,659	
For each additional household member, add	8,732	728	364	336	168	

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 (3SquaresVT), Temporary Assistance for Needy Families (Reach Up) 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), 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: (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