### INSTRUCTIONS FOR APPLYING

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 Kingman Unified School District #20. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Lisa Chamberland, 928-753-6190 x2300, lchamberland@kusd.org.

Please <u>use a pen (not a pencil)</u> when filling out the application, and do your best to print clearly.

### STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, go to STEP 2.

### STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and go to STEP 3.

### STEP 3- HOUSEHOLD INCOME INFORMATION

**A. Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total 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. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children		
Type of Income	Examples	
Earnings from work	A child has a job where they earn a salary or wages.	
Social Security	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 persons <i>outside</i> the household	A friend or extended family member <u>regularly</u> gives a child spending money.	
Income from any other source	A child receives income from a private pension fund, annuity or trust.	

B. Adult Household Members and Income- 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 STEP1. List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults			
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> </ul>	<ul> <li>Unemployment benefits</li> <li>Workers Compensation</li> <li>Supplemental Security Income (SSI)</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability</li> </ul>	
<ul> <li>For military families:</li> <li>Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul> <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> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment Income</li> <li>Earned Interest</li> <li>Rental Income</li> <li>Regular cash payments from outside household</li> </ul>	

The back of this application provides the same Sources of Income charts.

### C. Total number of household members and SSN.

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

### STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address 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, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be mailed, or delivered to Food Services, 3174 Rutherford Dr., Kingman AZ 86401.

### **OPTIONAL INFORMATION**

The back of this application provides a section for 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.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

This institution is an equal opportunity provider.

# 2018-2019 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

□ Selected For Verification: Confirming Official's Signature:Date:Date:				
Household Size: Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual	ntional)	Daytime Phone and Email (optional)	Printed name of adult completing the form	Printe
□Case # Application □Foster Application □Directly Certified: Date of Disregard: □Income Application □Directly Certified: Date of Disregard: □Income Application □Directly Certified: Date of Disregard: □Income Application		Today's date	Signature of adult completing the form	Signat
OFFICE USE ONLY  Eligibility: Free Reduced Denied	rstand that this information is given on. I am aware that if I purposely g te and Federal laws."	and that all income is reported. I unde afficials may verify (check) the informati ay be prosecuted under applicable Stat	"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."	"I certii connec
Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS	Mail Completed Form to		STEP 4 Contact information and adult signature	ST
X X X X Check if no SSN		ld Members ss)	C. Total Household Members (Children and Adults)	
		<b>₩</b>	Household Members Income Section.	Hous
		<b>₩</b>	The "Sources of Income for Adults" chart will help for with the Adult	for Ac
\$		<b>\$</b>	ncome Section.	Incon
		₩	The "Sources of Income for Children" chart will help you with the Child	The "
How often?	s from Work Weekly	Name of Adult Household Members (First and Last) GROSS Earning	)" for more	of Inc
ber listed, if t	yourself) elf) even if they do not recei they do not receive income fr	B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if and deductions) for each source in whole dollars only. If they do no	Flip to the back of this application and review the charts titled and deductions) for ear	Flip t appli the c
S income earned by all Children  Child GROSS income   How often?   How often?   Weekly   BI-Weekly   2x Month   Monthly	ise include the TOTAL GROS	<b>A. Child Income</b> Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.	ou unsure what	Are you
	p this step if you answere	lousehold Members (Ski	STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	TS
ase number here then go to STEP 4 (Do not complete STEP 3) Case Number:  Write only one case number in this space.	If you answered YES > Write a case number here then g		If you answered NO > Complete STEP 3.	
or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No	ntly participate in one	ers (including you) currer	STEP 2 Do any Household Members (including you) currently participate in one	ST
Check			Migrant or Runaway are eligible for free meals.	<b>Migra</b> eligibl
all that a			and children who meet the definition of <b>Homeless</b> ,	and d
and the state of t			income and expenses, even if not related."	even
			Member: "Anyone who is living with you and shares	<b>Mem</b> l
Cilico ranio			Definition of Household	Defin.

Sou	Sources of Income for Children
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons outside the household	A friend or extended family member <u>regularly</u> 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	or Adults
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>
- Net income from self-	- Workers Compensation	
employment (farm or business)		<ul> <li>Private Pensions or disability</li> </ul>
	<ul> <li>Supplemental Security</li> </ul>	
	Income (SSI)	<ul> <li>Regular income from trusts or estates</li> </ul>
If you are in the U.S. Military:		
<ul> <li>Basic pay and cash bonuses</li> </ul>	- Cash Assistance from	- Annuities
(do not include combat pay,	State or local	
FSSA, or privatized housing	government	- Investment Income
allowances)		
	<ul> <li>Alimony payments</li> </ul>	- Earned Interest
-Allowances for off-base		
housing, food and clothing	<ul> <li>Child support payments</li> </ul>	- Rental Income
	Votors is borofits	Dogular pack payments from sutside
	- veteran s benents	- Regular casii payiileriis iroiii outside
	- Strike benefits	

# Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. 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

### Ethnicity (check one):

Hispanic or Latino
□ Not His
spanic or Latino

## Race (check one or more):

☐ American Indian or Alaskan Native	
☐Asian	
☐ Black or African American ☐ Native Hawaiian or	
☐ Native Hawaiian oı	

Other Pacific Islander

□White

into violations of program rules. information with education, health, and nutrition programs to help them evaluate, fund, or determine administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility your information to determine if your child is eligible for free or reduced price meals, and for adult household member signing the application does not have a social security number. We will use Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the 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 member who signs the application. The last four digits of the social security number is not required when price meals. You must include the last four digits of the social security number of the adult household do not have to give the information, but if you do not, we cannot approve your child for free or reduced benefits for their programs, auditors for program reviews, and law enforcement officials to help them look The **Richard B. Russell National School Lunch Act** requires the information on this application. You

conducted or funded by USDA sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity or administering USDA programs are prohibited from discriminating based on race, color, national origin, regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights

> program information may be made available in languages other than English. or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech Persons with disabilities who require alternative means of communication for program information disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a>, and at any (202) 690-7442; or (3) email: program.intake@usda.gov Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your USDA office, or write a letter addressed to USDA and provide in the letter all of the information

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