**Pennsylvania Household Application for Free and Reduced Price School Meals**

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

**APPLY ONLINE:** School café.com

**RETURN TO (School/District Name):** Delaware Valley School District

**ADDRESS:** 252 Rt 6 & 209 Milford 18337

# STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

**List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First Name** | **MI** | **Child’s Last Name** | **Grade** | **Apply** | **Foster Child** | **Migrant** | **Runaway** | **Homeless** | Application Instruction’s |
| Click or tap here to enter text. | MI | Click or tap here to enter text. | Grade | Check all that apply |[ ] [ ] [ ] [ ]  If you checkedany of theseboxes, please refer to theApplicationInstruction’sStep 1: Part C & Part D. |
| Click or tap here to enter text. | MI | Click or tap here to enter text. | Grade |  |[ ] [ ] [ ] [ ]   |
| Click or tap here to enter text. | MI | Click or tap here to enter text. | Grade |  |[ ] [ ] [ ] [ ]   |
| Click or tap here to enter text. | MI. | Click or tap here to enter text. | Grade |  |[ ] [ ] [ ] [ ]   |

# STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

[ ]  **NO** 🡺 Go to STEP 3. [ ]  **YES** 🡺 Write case number here and proceed to STEP 4. **CASE NUMBER (NOT EBT NUMBER):** Click or tap here to enter text. Write only one case number in this space.

# STEP 3 List ALL household members and income for each member (before taxes and deductions)

1. **All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**List all Adult Household Members not listed in STEP 1 (including yourself ) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and
deductions) 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Adult Household Members (First and Last) | Earnings from Work | How often received? | Public Assistance, Child Support, Alimony | How often received? | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received? |
| Weekly | Every2 Weeks | 2x Month | Monthly | Annual | Weekly | Every2 Weeks | 2x Month | Monthly | Weekly | Every2 Weeks | 2x Month | Monthly |
| Click or tap here to enter text. | **$** Click or tap here to enter text. |  |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  |
| Click or tap here to enter text. | **$** Click or tap here to enter text. |  |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  |
| Click or tap here to enter text. | **$** Click or tap here to enter text. |  |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  |
| Click or tap here to enter text. | **$** Click or tap here to enter text. |  |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  |
| Click or tap here to enter text. | **$** Click or tap here to enter text. |  |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  | **$** Click or tap here to enter text. |  |  |  |  |

Total Household Members (Children and Adults) Click here to enter text.**Last Four Numbers of Social Security Number of
Primary Wage Earner or other Adult Household
Member (If Applicable)** Click or tap here to enter text. Check if no Social
Security Number [ ]

Please see application’s back
for list of income sources.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Child Income**
 |  | Child Income | How often received? |
|  | Weekly | Every 2 Weeks | 2X Month | Monthly | Annual |
| Sometimes children in the household earn or receive income.Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here. |  | $Click or tap here to enter text. |  |  |  |  |  |

# STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD’S SCHOOL: Insert school address here Click or tap here to enter text.

“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

(confirm) 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.”

 Click here to enter text.
Print Name of Adult Signing the Form Click or tap here to enter text.
Signature of Adult Click or tap here to enter text.
Today’s Date

Click here to enter text.
 Mailing Address (if available) Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Click or tap here to enter text.
Phone (optional)Click or tap here to enter text.
Email (optional)

# SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

**Sources of Income**

|  |  |  |
| --- | --- | --- |
| Earnings from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All other sources of income |
| * Salary, wages, cash bonuses, tips, commissions
* 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
* Workers’ compensation
* Supplemental Security Income (SSI)
* Cash assistance from State or local government
* Alimony payments
* Child support payments
* Veterans’ benefits
* Strike benefits
 | * Social Security/Disability (including railroad retirement and black lung benefits)
* Private Pensions or disability benefits
* Income from trusts or estates
* Annuities
* Investment income
* Earned interest
* Rental income
* Regular cash payments from outside household
 |

**Examples of Income for Children**

* A child has a regular full or part-time job where they earn a salary or wages
* 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
* A friend or extended family member regularly gives a child spending money
* A child receives regular income from a private pension fund, annuity, or trust

# OPTIONAL Children’s ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

**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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) [ ]  Not Hispanic or Latino

**Race (check one or more):** [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  Native Hawaiian or Other Pacific Islander [ ]  White

**Return this completed form to your child’s school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

#  DO NOT FILL OUT For school use only.

**Annual Income Conversion:** Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

Click or tap here to enter text.

How often?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Every2 Weeks | 2x Month | Monthly | Annual |
|  |  |  |  |  |

Household size

Click or tap here to enter text.

Categorical Eligibility [ ]

Eligibility

|  |  |  |
| --- | --- | --- |
| Free  | Reduced | Denied |
|  |  |  |

Click or tap here to enter text.
Determining Official’s Signature

Click or tap to enter a date.
DateClick or tap here to enter text.
Confirming Official’s Signature

Click or tap to enter a date.
DateClick or tap here to enter text.
Verifying Official’s SignatureClick or tap to enter a date.
Date

## **Use of Information Statement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Richard B. Russell National School Lunch Act requires that we use information from
this application to see who qualifies for free or reduced price meals. We can only approve
complete forms**. We may share your eligibility information with education, health, and
nutrition programs to help them deliver program benefits to your household. Inspectors
and law enforcement may also use your information to make sure that program rules are
met.

Please be sure to provide the last four numbers of the Social Security number of the adult
household member who signs the application. If the adult does not have one, ‘Check if no
Social Security Number’. Applications for a foster child do not need to list a Social Security
number. Applications for children in households receiving Supplemental Nutrition
Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food
Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security
number.

Some children qualify for free meals without an application. Please contact your school to
get free meals for a foster child, and children who are homeless, migrant, or runaway.

**Return completed form to your child’s school.The contact information below is solely to file a complaint of discrimination**

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**](%20https%3A//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:

|  |  |  |
| --- | --- | --- |
| \* MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 | FAX: (833) 256-1665 or (202) 690-7442; or EMAIL: Program.Intake@usda.gov  | **\* Do not mail applications tothis address, only complaintsof discrimination.** |

This institution is an equal opportunity provider.