2023-2024 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

PYMATUNING VALLEY LOCAL SCHOOLS

Definition of Household	Child's First Name	м	1 (Child's Last Name			Grade	Studen Yes	No	Foste Chil	
Member: "Anyone who is living with you and shares											
income and expenses, even if not related."											
Children in Foster care and children who meet the											
definition of Homeless, Migrant or Runaway are									Check all that apply		
eligible for free meals. Read How to Apply for Free and Reduced Price School											
Meals for more information.											
STEP 2 Do any h	nousehold members (including you) curre	ently participate	in or	ne or more of the following	g assistance program	s: SNAP, TANF or FDPIR?					
	If NO > Go to STEP 3. If Y	ES > Write a case	מוומ ב	nber here then go to STEP 4 (D	o not complete STEP 3)	Case Number:					
			- 11011		101 Complete STEP 5)			Write only on	ne case r	number in	n this space
STEP 3 Report i	income for ALL household members (ski	p this step if you	ans	swered "yes" to STEP 2).							
	A. Child Income						How often?				
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Ple	ease	include the TOTAL income rec	eived by all		Bi-Weekly 2x Month	Monthly			
	B. All Adult Household Members (inc	luding vourcolf)				\$	0 0	0			
Are you unsure what income to include here?	List all Household Members not listed in STEI for each source in whole dollars (no cents) on	P 1 (including yours	elf) e								
			How often? Public Assistance/ How of			vo any noido blank, you alo ooranj	Pensions/Retirement/ How often?				
Flip the page and review			*1.	How often?	Public Assistance/	How often?	Pensions/Re	etirement/			
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Wo	rk	-	Public Assistance/ Child Support/Alimony	How often?	Pensions/Re All Other Inc	etirement/			Month Monthly
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Sources of Inc	come for Children	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	 Salary, wages, cash bonuses Net income from self- employment (farm or business) If you are in the U.S. Military: 	Unemployment benefitsWorker's compensation	Social Security (including railroad retirement and black lun benefits) Private pensions or disability benefits Regular income from		
 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 		Supplemental Security Income (SSI) Cash assistance from State or local government			
-Income from person outside the household	 A friend or extended family member regularly gives a child spending money 	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest		
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 		

OPTIONAL Children's racial and Ethnic identities.

DO NOT FILL OUT For office use only.

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):		Not Hispanic or Latino			
Race (check one or mor	e): 🔄 American Indian	or Alaskan Native 🗌 Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

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 (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 program rules.

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

print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are dear, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. **To file a program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large

3027) found online at: http://www.ascr.usda.gov/complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Annual Income Conversion: Weekly x 5	2, Every 2 Weeks x 26, T How often?	Twice a Month x 24 Month	nly x 12		Eliqibility:	
Total Income		Monthly Household Size			Free Reduced Denied	
Determining Official's Signature	Date	Confirming Official'		al Eligibility	Verifying Official's Signature	Date
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