2017–18 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS St. Joseph Catholic School

Complete, sign, and return this application to: St. Joseph Catholic School, 6500 Highland Drive, Vancouver, WA 98661 Check here if you received meal benefits last year: 1. List all students living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. Homeless Bi-weekly 2 X Month Monthly Migrant Weekly Student MI Student's Last Name Student's First Name Date of Birth School Grade Income 2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3. ☐ FDPIR Case Number: Basic Food TANE 3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. Names of ALL other household 2 X Month Bi-weekly Bi-weekly Bi-weekly 2 X Month Bi-weekly 2 X Month 2 X Month Monthly Monthly Monthly Public Assistance/ Earnings from work Weekly Weekly Pensions/ Weekly members Any Other Income (before any Child Support/ Retirement/ Not Already Listed (do not include students listed Social Security (SSI) deductions) Alimony above) \Box П Check if no SSN: 4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of (total listed must equal number of household members listed above) **Primary Wage Earner or Other Household Member** 5. Contact Information & Signature – 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. **Printed Name of Adult Household Member Mailing Address** E-mail Address

Daytime Phone

Date

FORM SPI NSLP (Rev. 6/17) Page 1 of 2

City, State & Zip Code

Adult Household Member Signature

6. Children's Rac	ial and Ethnic Identition	es (Optional)								
Mark one or n	nore racial identities:	American Indian	n or Alaska Native	Asian			Mark one ethn	<u>ic identity</u> :		
		Black, or Africar	n American	☐ Native Hav	vaiian or Other Pacific Islander		Hispanic or	Latino		
		☐ White					■ Not Hispan	ic or Latino		
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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), 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 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, 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 the USDA.										
Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, 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 <u>USDA Program Discrimination Complaint Form</u> , (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 e	equal opportunity provide	er.								
SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE										
ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).										
LEA APPROVAL:	Basic Food/TANF/	FDPIR/Foster To	otal Household Size	e		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
☐ Income Household		t t	otal Household Inc	ome \$						
APPLICATION APPI	=	Free Meals A Reduced-Price Meals	PPLICATION DENIE	ED BECAUSE:	☐ Income Over Allowed A ☐ Incomplete/Missing Info	· ·	Other:			

Date

FORM SPI NSLP (Rev. 6/17) Page 2 of 2

Signature of Approving Official

Date Notice Sent