

"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."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

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
- Native Hawaiian or Other Pacific Islander
- White

No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

I do **NOT** want school officials to share information from my free and reduced-price meals application with La CHIP. Please sign here:

X _____
Signature of Parent/Guardian Date

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 programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non Discrimination Statement 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: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov This institution is an equal opportunity provider.

INSTRUCTIONS

Sources of Income

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS		
Sources of Child Income	Examples(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	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Social Security - Disability Payments - Survivors 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	Net income from self-employment (farm or business)	Worker's Compensation Supplemental Security Income (SSI)	Private pensions or disability benefits Regular income from trusts or estates
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	Cash assistance from state or local government Alimony payments	Annuities Investment Income
Income from any other source	A child receives regular income from a private pension fund, annuity or trust	Allowances for off-base housing, food and clothing	Child Support Payments Veteran's Benefits Strike Benefits	Earned Interest Rental Income Regular cash payments from outside household

DO NOT FILL OUT

For School Use Only

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice a Month x 24; Monthly x 12

Total Income	How Often?					Household Size	Eligibility			OR	Categorically Eligible? <input type="checkbox"/>
	Weekly	Bi-Weekly	2 x Month	Monthly	Annually		Free	Reduced	Denied		

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date
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