Application #: 2022-2023 Application for Free and Reduced Price School Meals

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

Available online at: https://mealapp.lunchtimesoftware.net/

Printed name of adult signing the form Street Address (if available) talse information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. 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 for Adults" chart will help you with the All Adult Household Members Flip the page and review the charts titled "Sources of Income" for more STEP 4 Contact information and adult signature. Income section, The "Sources of Income for Children" chart will information, Are you unsure what income to include here? The "Sources of Income help you with the Child if not related. Member: "Anyone who is living with you and shares STEP 2 How to Apply for Free and Migrant or Runaway are eligible for free meals. Read definition of Homeless children who meet the Children in Foster care and income and expenses, even STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper) STEP 3 Meals for more information. Reduced Price School Definition of Household Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Total Household Members (Children and Adults) B. All Adult Household Members (including yourself) Name of Adult Household Members (First and Last) 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 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) Household Members listed in STEP 1 here Sometimes children in the household earn or receive income. Please include the TOTAL income received by all A. Child Income If you answered NO > Complete STEP 3. Child's First Name Apt # Last Four Digits of Social Security Number (\$\$N) of Primary Wage Earner or Other Adult Household Member Mail Completed Form To: If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Earnings from Work Signature of adult Child's Last Name Bi-Weeldy 2x Month How often? Waterford Township Board of Education, Attn: Terri Talt, 1106 Old White Horse Pike, Waterford, NJ 08089 State [press spacebar to advance] Child Support/Alimony Public Assistance/ ××× ఫ × 40 How often? School Name (Abbr.) Grade Daytime Phone and Email (optional) 2x Month Case Number: Check if no SSN Bi-Weeldy 2x Month How often? Pensions/Retirement All Other Income Write only one case number in this space this school district? Student attends YES S. B-Westly 2x Month How often? Foster Child O Migrant Worker Homeless,

Today's date

ld Inco	Sources of Income for Children Example(s)
- Earnings from work	 A child has a regular full or part-time job where they earn a salary or wages
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
-income from person outside the household	 A friend or extended family member regularly gives a child spending money
-Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust

ources of Income for Adults Child support payments government Worker's compensation Alimony payments State or local Income (SSI) Cash assistance from Supplemental Security Unemployment benefits Public Assistance / Alimony / Child Support trusts or estates Annuities disability benefits Private pensions or benefits) retirement and black lung (including railroad Investment income Regular income from Social Security Pensions / Retirement / All Other Income

 Strike benefits Veteran's benefits

Rental income

Earned interest

from outside household Regular cash payments

OPTIONAL 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.

Race (check one or more): Ethnicity (check one): American Indian or Alaskan Native Hispanic or Latino Not Hispanic or Latino Asian Black or African American

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

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

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

Native Hawaiian or Other Pacific Islander

White

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

S S mail civil rights complaints only to: U.S. Department of Agriculture (202) 690-7442; or Washington, D.C. 20250-9410 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

This institution is an equal opportunity provider.

program.intake@usda.gov

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