

## Directions for Applying For Free and Reduced-Price School Meals

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in SST- Alamo]. Please use a **pen** (not a pencil) when completing the application.

The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact *Mrs. Selina Flores* with your questions.

### Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.

- List each child's name.
  - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

*Special Directions:*

*Include all members in the household who are age 18 or under and are supported with the household's income. Children do NOT have to be related to anyone in the household to be a part of the household.*

- Mark the box following the child's name if the child is a student in the *SST-Alamo*].
- Check the appropriate box if the child qualifies for free meals as participant in the foster care system; as a participant in a Head Start, Early Head Start, or Even Start program; or as a child meeting the criteria for homeless, migrant, or runaway.

*Special Directions*

*On this application, checking Foster indicates that a foster care agency or court has placed the child in your home. Foster children who live in the household may count as members of the household and may be listed on your application. If the application is being submitted for foster children only, complete Step 1, skip Steps 2 and 3, and go to Step 4.*

*If all children in the household are participants in one of these programs, skip Steps 2 and 3 and go to Step 4.*

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
<i>For each additional family member add:</i>					
	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148

### Step 2: Do Any Household Members (Including You) Currently Participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)?

- If no one in the household currently participates in any one of these programs  
Skip the remaining questions in Step 2, and go to Step 3.
- If anyone in the household participates one of these programs  
Record the Eligibility Determination Group Number (EDG) in the space provided, skip Step 3, and go to Step 4.

### Step 3: Report Income for All Household Members.

#### Part A. Income for Children in the Household

- Record the total income for all children by how often the income is received (frequency). Do not include income for adults in this section. Record the income of adults in Part B.

##### Special Directions:

It is not necessary to record the income of the children in the household individually. Instead, combine and report children's total income by frequency. For example, combine all income received weekly and record the total amount in the space under weekly.

The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

Child Income Information Box
<b>Earnings from work</b> <i>For Example: A child has a job where she or he earns a salary or wages.</i>
<b>Social Security, Disability Payments</b> <i>For Example: A child is blind or disabled and receives Social Security benefits.</i>
<b>Social Security, Survivor's Benefits</b> <i>For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.</i>
<b>Income from any other source</b> <i>For Example: A child receives income from a private pension fund, annuity, or trust.</i>

#### Part B. Income for All Adult Household Members (Including Yourself)

- Record the first and last name of each adult in the household in the space provided.

If there are more adults in the household than the spaces provided, use the back of the application. Do not include the income of children in Part B. Children's income is reported in Part A.

##### Special Directions:

In this section, include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the family and even if the adult does not receive income of her or his own. Do not include people who live in the household but are not supported by the household's income and do not contribute income to the household.

- Record the amount of income the adult receives under the type of income:
  - Working Earnings
  - Public Assistance/Child Support/Alimony
  - Pensions/Retirement/Social Security/ Supplemental Security Income (SSI)
  - All Other

##### Special Directions:

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Many people think of income as the amount they take home and not the total, gross amount. Ensure that the income reported on this application has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as part of the household, but are not required to be included.

Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- Circle how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually

- Record the total number of children and adults in the household in the appropriate box.

*Special Directions:*

*This number MUST be equal to the number of household members listed in Step 1 and Step 3. If there are any members of the household that have not been listed on the application, go back and add them. It is very important to list all household members, as the size of the household determines the household eligibility.*

- Provide the last four digits of the Social Security number (SSN) of the adult signing the application or check the box for no SSN.

*Special Directions:*

*A social security number is not required to apply for these programs.*

**Step 4: Provide Contact Information and Adult Signature.**

- Read the certification statement.
- Write your current address and contact information in the fields provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

*Special Directions:*

*If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.*

- Print the name of the adult completing the form in the spaced provided.
- Sign the form.

*Special Directions:*

*All applications must be signed by the adult household member completing the application. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.*

- Record today's date in the appropriate box.

<b>Adult Income Information Box</b>
<b>Earnings from Work</b>
<i>General Types of Income</i>
<ul style="list-style-type: none"> <li>▪ Salary, wages, cash bonuses</li> <li>▪ Strike benefits</li> </ul>
<i>U.S. Military</i>
<ul style="list-style-type: none"> <li>▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>▪ Allowances for off-base housing, food, and clothing</li> </ul>
<i>Self-Employed Worker</i>
<ul style="list-style-type: none"> <li>▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</li> </ul>
<b>Public Assistance/Alimony/Child Support</b>
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>
<ul style="list-style-type: none"> <li>▪ Unemployment benefits</li> <li>▪ Worker's compensation</li> <li>▪ Supplemental Security Income (SSI)</li> <li>▪ Cash assistance from State or local government</li> <li>▪ Alimony payments</li> <li>▪ Child support payments If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as <i>other</i> income in the next part.</li> <li>▪ Veteran's benefits</li> </ul>
<b>Pensions/Retirement</b>
<ul style="list-style-type: none"> <li>▪ Social Security (including railroad retirement and black lung benefits)</li> <li>▪ Private Pensions or disability</li> <li>▪ Income from trusts or estates</li> <li>▪ Annuities</li> </ul>
<b>All Other Income</b>
<ul style="list-style-type: none"> <li>▪ Investment income</li> <li>▪ Earned interest</li> <li>▪ Rental income</li> <li>▪ Regular cash payments from outside household</li> </ul>

## SST-Alamo, 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

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

<b>Step 1</b>	<b>List ALL Household Members who are infants, children, and students up to and including grade 12.</b> <i>If more spaces are needed, use the Additional Household Member Sheet on the back.</i>										
Definition of <b>Household Member</b> : <i>Anyone who is living with you and shares income and expenses, even if not related.</i> Please read the directions for more information.  Children in <b>Foster</b> care; children who meet the definition of <b>Homeless</b> , <b>Migrant</b> , or <b>Runaway</b> or who participate in <b>Head Start</b> are eligible for free meals.	List each child's name.										
	First Name	MI	Last Name	<i>Optional: Student ID Number</i>	Student Attends School in District?		Check all that apply.				
					Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
	1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.											

<b>Step 2</b>	<b>Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?</b>										
Please read the directions for more information.	If No, go to Step 3										
	If yes > Write the Eligibility Determination Group Number (EDG) in this space _____, skip Step 3, and go to Step 4.										

<b>Step 3</b>	<b>Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).</b>										
Please read the directions for more information.	<b>A. Income for Children in the Household</b>										
		Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually					
	Record total income by frequency for all children listed in Step 1.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____					
	<b>B. Income for Adult Household Members (Including Yourself)</b>										
	List all Household Members <u>not</u> listed in STEP 1 (including yourself) <b>even if they do not receive income.</b> For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.										
	Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)		
1.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A			
2.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A			
3.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A			
4.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A			
5.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A			
Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: X X X - XX - _ _ _ _ <input type="checkbox"/> Check if no SSN											

<b>Step 4</b>	<b>Provide Contact Information and Adult Signature.</b>										
Please read the instructions for more information.	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/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		

**Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals**

<b>Step 1, Additional</b>	<b>List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces is needed, use the Additional Household Member Sheet.</b>										
<b>List each child's name.</b>											
First Name	MI	Last Name	Optional: Student ID Number	Student Attends School in District? Yes	No	Check all that apply.					
				Foster	Head Start	Homeless	Migrant	Runaway			
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Step 3, Additional</b>	<b>Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).</b>									
Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)	Income (Enter Amount)	Frequency (Circle One)
					Income (Enter Amount)					
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

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.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).  
USDA is an equal opportunity provider and employer.

<b>Do Not Fill Out This Part. This Is For School Use Only</b>										
Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52   Every 2 Weeks x 26   Twice a Month x 24   Monthly x 12								<b>Date Received:</b>		
Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____	<b>Per</b>	<input type="checkbox"/> Week	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<b>Eligibility:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	
Reviewing/Determining Official's Signature:				Date:				<b>Date Withdrawn:</b>		
Confirming Official's Signature:				Date:						
Follow-Up Official's Signature:				Date:						

## SST-Alamo Solicitud de 2015-2016 de Comida Escolar Gratis y a Precio Reducido para Niños Varios (Multi-Child)

Llene una solicitud para cada hogar. Por favor, use un bolígrafo (no un lápiz).

**Parte 1**  
La definición de un **Miembro de Hogar:** Una persona que vive en su hogar y que comparte ingresos y gastos, aunque no sea pariente. Lea las instrucciones para obtener más información.  
**Los niños adoptivos temporales** (foster), los niños identificados como de **no tener hogar, fugitivos, migrantes**, o los que participan en **Head Start** califican para recibir comida gratis.

**Liste a TODOS los miembros del hogar que son infantes, niños y estudiantes hasta e incluyendo grado 12.** Si necesita más espacio, use la hoja para anotar miembros del hogar adicionales detrás.

Liste el nombre de cada niño.	Primer Nombre	Inicial del Segundo Nombre	Apellido	Opcional: Número de identificación del estudiante	¿Asiste a la escuela en el distrito?		Marque todo lo que aplique.				
					Sí	No	Niño adoptivo temporal (foster)	Head Start	Sin hogar	Migrante	Fugitivo
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Si todos los niños** indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2 y 3, y pase directamente a la Parte 4.

**Parte 2**  
Lea las instrucciones para obtener más información.

**¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDPIR?**

**No** > Pase directamente a la Parte 3.  
**Si** > Escriba el número de Determinación de calificación (EDG, por sus siglas en inglés) en este espacio \_\_\_\_\_, y pase directamente a la Parte 4.

**Parte 3**  
Lea las instrucciones para obtener más información.

**Declare el Ingreso de TODOS los Miembros del Hogar (Ignore este parte si escribió un número de EDG en la Parte 2).**

**A. Ingresos (Brutos) de los Niños del Hogar**

	Semanal = W	Cada dos semanas = E	Dos veces por mes = T	Mensual = M	Anualmente = A
<u>Anote</u> los ingresos para todos los niños indicados en Parte 1 por frecuencia.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo)**

Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) **incluso si no reciben ingresos**. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. Ponga la frecuencia en que recibe su ingreso: W=Semanal, E=Cada dos semanas, T=Dos veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0.' Si escribe '0' o deja algún espacio en blanco, está certificando (prometiéndolo) que no hay ingreso para reportar.

Primer Nombre del Adulto/ Apellido	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque una con un círculo)	Asistencia pública/ Manutención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque una con un círculo)	Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto)	Frecuencia (Marque una con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque una con un círculo)
1.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
2.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
3.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
4.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A
5.	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A	\$ _____	W-E-T-M-A

**Total de los miembros del hogar (niños y adultos) \_\_\_\_\_** Últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó la solicitud : XXX-XX-\_\_\_\_-\_\_\_\_  Marque si no tiene un SSN

**Parte 4**  
Lea las instrucciones para obtener más información.

**Ponga su Información de Contacto y Firma (del Adulto)**

“Certifico (juro) que toda la información en esta solicitud es cierta y que todo ingreso se ha reportado. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Soy consciente de que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y me pueden procesar de acuerdo con las leyes estatales y federales que aplican.”

Dirección/Apt.	Ciudad	Estado	Código Postal	Número de teléfono y correo electrónico (opcional)
El nombre del adulto que llenó la solicitud (Escriba en letra imprenta)		Firma del adulto que llenó la solicitud		Fecha de hoy

## Hoja para Anotar Miembros del Hogar Adicionales — Solicitud de 2015-2016 de Comida Escolar Gratis y a Precio Reducido para Niños Varios (Multi-Child)

**Parte 1, Adicional** Liste a **TODOS** los miembros del hogar que son infantes, niños y estudiantes hasta e incluyendo grado 12.

Liste el nombre de cada niño.			Opcional: Número de identificación del estudiante	¿Asiste a la escuela en el distrito?		Marque todo lo que aplique.				
Primer Nombre	Inicial del Segundo Nombre	Apellido		Sí	No	Niño adoptivo temporal (foster)	Head Start	Sin hogar	Migrante	Fugitivo
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parte 3, Adicional** Declare el Ingreso de **TODOS** los Miembros del Hogar (Ignore este parte si respondió "Sí" en la Parte 2).

Primer Nombre del Adulto/ Apellido	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque una con un círculo)	Asistencia pública/ Manutención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque una con un círculo)	Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto)	Frecuencia (Marque una con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque una con un círculo)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

**La Ley Nacional de Comedores Escolares Richard B. Russell** pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del miembro adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservas Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el miembro adulto del hogar que firma la solicitud no lo tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo basada en raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, o retaliación por haber iniciado una queja de derechos civiles. También se prohíbe la discriminación, cuando es pertinente, basada en creencia política, estado civil, estado familiar o paterno, orientación sexual, información genética, o cuando todo o parte del ingreso de una persona viene de cualquier programa pública asistencial, en el empleo, o en cualquier programa o actividad realizados o financiados por el Departamento. (No todas las bases prohibidas aplican en todos los programas y/o actividades de empleo.)

Si usted desea poner una queja de derechos civiles de discriminación, complete el Formulario del USDA de Queja de Discriminación que se encuentra en el sitio web, [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) El formulario también puede obtenerse en cualquier oficina del USDA, o llamando al (866) 632-9992. Envíe por correo el formulario o carta de queja completada a la siguiente dirección: Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, o al fax (202) 690-7442, o por correo electrónico a: [programa.intake@usda.gov](mailto:programa.intake@usda.gov).

Personas sordas, con discapacidad auditiva o de habla, pueden contactar al USDA por medio del Servicio Federal de Retransmisión al (800) 877-8339; o (800) 845-6136 (español).

El USDA es un proveedor y empleador de igualdad de oportunidades.

**No llene esta parte. Es solo para uso de la escuela.**

<i>Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52   Every 2 Weeks x 26   Twice a Month x 24   Monthly x 12</i>			<b>Date Received:</b>
Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____	<b>Eligibility:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		Date:	<b>Date Withdrawn:</b>
Reviewing/Determining Official's Signature:		Date:	
Confirming Official's Signature:		Date:	
Follow-Up Official's Signature:		Date:	