

Dear Parent/Guardian:

Children need healthy meals to learn. Archdiocese of Galveston-Houston offers healthy meals every school day. Breakfast costs \$2.00; lunch costs \$3.00. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. The following questions and answers will provide information about the Free and Reduced-Price Meal Program.

1. Do I need to fill out an application for each child?

No. Complete one *Free and Reduced-Price School Meals Application* to apply for free or reduced-price meals for all children in the household. We cannot approve an incomplete application, so be sure to fill out all required information. Return the completed application to Deborah Martinez, 2403 Holcomb Blvd, Houston, Texas 77021 or your school office.

2. Who can get free meals?

- **Income**—Your children can get free or reduced-price meals if your household's gross income (total, without deductions) is within the limits described on the *Federal Income Eligibility Guidelines*.
- **Special Program Participants**—All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), can get free meals. Children attending Head Start, Early Head Start, and Even Start are also eligible for free meals.
- **Foster**—Foster children under the legal responsibility of a foster care agency or court are eligible for free meals. A foster child is eligible for free meals regardless of the income of his or her resident household.
- **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant, please call or email dmartinez@spvpasadena.org.

If you have received a letter of notification that your child is directly certified for free meals, do not complete an application, but do let the school know if any children in your household who attend school are not listed on the letter.

3. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?

Carefully read the letter you received and follow the instructions. Call your child's school if you have questions.

4. My child's application was approved last year. Do I need to fill out another one?

Yes. Your child's application is only good for one school year and the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for this school year.

5. I get WIC, can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals; please fill out an application.

6. What if my income is not always the same? List the amount that you normally receive. Even if you missed some work in the last month, put down your usual pay. If you normally get overtime pay, include it. If you have lost a job or had your hours or wages reduced, use your current income.

7. We are in the military. Do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. **Is combat pay counted as income?** No, if combat pay is received because of deployment in addition to basic pay and was not received before deployment, combat pay is not counted as income.

8. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.

9. Will the information I give be checked? Yes, and we may also ask you to send written proof.

10. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year. If your household income or circumstances change, you may become eligible for free or reduced-price meals.

11. Who should I include as members of my household? You must include yourself as well as others living in your household who share income and expenses—related to you or not (grandparents, other relatives, or friends). You must include yourself and all children living with you. Do not include others who live with you who are economically independent—that is anyone you do not support, who does not share income with you, and does pay a pro-rated share of expenses.

12. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing Enrique Benitez, 2403 Holcomb Blvd, Houston, Texas 77021 713-741-8704

13. My family needs more help. Are there other programs we might apply for? To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

If you have other questions or need help, call: Deborah Martinez 713-741-8704. Si necesita ayuda, por favor llame al teléfono: Deborah Martinez 713-741-8704.

Sincerely,

Deborah Martinez

Multi-Child and Multi-Use Free and Reduced Price School Meals Applications for 2014–2015

More Information on How to Report Your Income on the Application

- Gross Income—Record the amount earned before taxes and other deductions.
- How Often Income Is Received—Record type of income received for the month—weekly, every other week, twice a month, or monthly and not the take-home pay. You should be able to find this information on your paystub, or ask your boss.
- All Other Income—Record Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income.

Do not include income from SNAP, FDPIR, WIC, federal education benefits, and foster payments received from the placing agency.

For the self-employed ONLY, under *Earnings from Work Before Deductions*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Income Eligibility Reduced-Price Guidelines—July 1, 2014–June 30, 2015					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
<i>For each additional family member add:</i>					
	+ \$7,511	+ \$626	+ \$313	+ \$289	+ \$145

Application Instructions

<i>Not everyone has to complete every part of the application. The following table lists the parts of the application you must complete based on household circumstances.</i>	
Your household receives any of the following benefits: <ul style="list-style-type: none"> – Supplemental Nutrition Assistance Program (SNAP), – Temporary Assistance for Needy Families (TANF), or – Food Distribution Program on Indian Reservations (FDPIR) 	Complete Parts 1, 2, and 4. (not required to provide last 4 digits of Social Security number)
Any child in your household has been identified as <ul style="list-style-type: none"> – Head Start – homeless, – migrant, or – runaway, but no one in the household receives state SNAP or TANF benefits.	Complete Parts 1, 3 (for any child not marked as foster, homeless, migrant, or runaway), and 4.
All children in the home are foster children placed by a foster care agency or court.	Complete Parts 1 and 4. (not required to provide last 4 digits of Social Security number)
Some of the children in the home are foster children placed by a foster care agency or court.	Complete Parts 1, 2 if applies, 3, and 4.
The household receives WIC.	Complete Parts 1, 2, 3, and 4.
All other households.	Complete Parts 1, 2, 3, and 4.
Multi-Use Form—Only if asked to complete a multi-use form	Complete Part 5, Optional

When you complete this form, give it to Deborah Martinez via your school office.

Archdiocese of Galveston-Houston

Multi-Child Free and Reduced Price School Meals Application for 2014–2015

Part 1: All Children in School in the Household							Part 2. Benefits —If any member of your household receives SNAP, TANF, or FDPIR, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 4. If no one receives these benefits, go to Part 3.
A. List the names of all children in school in your household. (First, Middle Initial, Last)	B. List the name of the school for each child.	C. Check the appropriate box if a child participates in any one of the following programs. If all children participate in at least one of these programs go to Part 4. If only some, go to Part 2.					
		Foster	Homeless	Migrant	Runaway	Head Start	
1.		<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"/>
3.		<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"/>
5.		<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"/>
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"/>

EDG: _____

Part 3. Total Household Gross Income.						
A. List all children recorded in Part 1 who <u>have</u> an income and all household members not recorded in Part 1.	B. List all income on the same line as the person who receives it. Record how often the income is received in the second blank. Mark the box under <i>No Income</i> if the person has no income. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)					
		Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Social Security, SSI, or VA Retirement Benefits	All Other Income	No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>	
1.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
2.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
3.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
4.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
5.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
6.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
7.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	
8.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>	

Part 4. Signature and Last Four Digits of Social Security Number—An adult household member must sign the application. If Part 3 is completed, the adult signing this form must provide the last four digits of his/her Social Security number or mark the box in front of "I do not have a Social Security number."

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name Here: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: ***-**- I do not have a Social Security number.

Do Not Fill Out This Part. This Is For School Use Only

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

Total Income: _____, Per Week Every 2 Weeks Twice a Month Month Year Household Size: _____

Categorical Eligibility: Meal Eligibility: Free Reduced Denied Date Withdrawn: _____

Reviewing/Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

***Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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.*

Multi-Child Free and Reduced Price School Meals Application for 2014–2015 Extra Household Member Reporting Sheet

Use this sheet if needed to report additional children in the household or additional household members.

Part 1: All Children in School in the Household							
A. List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	B. List the name of the school for each child.	C. Check the appropriate box if a child participates in any one of the following programs. If all children participate in at least one of these programs go to Part 4. If only some, go to Part 2.					D. Check if child has no income
		Foster	Homeless	Migrant	Runaway	Head Start	
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"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3. Total Household Gross Income.					
A. List all children recorded in Part 1 who <u>have</u> an income and all household members not recorded in Part 1.	B. List all income on the same line as the person who receives it. Record how often the income is received in the second blank. Mark the box under <i>No Income</i> if the person has no income. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Social Security, SSI, or VA Retirement Benefits	All Other Income	No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	<input type="checkbox"/>
9.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
10.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
11.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
12.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
13.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
14.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
15.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
16.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
17.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
18.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
19.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>
20.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	<input type="checkbox"/>

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) 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.

Archdiocese of Galveston-Houston

Multi-Use/Multi-Child Free and Reduced Price School Meals Application for 2014–2015

Part 1: All Children in School in the Household								Part 2. Benefits —If any member of your household receives SNAP, TANF, or FDIPIR, provide the Eligibility Determination Number (EDG) for the person who receives benefits and skip to Part 4. If no one receives these benefits, go to Part 3.
A. List the names of <u>all</u> children in school in your household. (First, Middle Initial, Last)	B. List the name of the school for each child.	C. Check the appropriate box if a child participates in any one of the following programs. If all children participate in at least one of these programs go to Part 4. If only some, go to Part 2.					D. Check if child has no income	
		Foster	Homeless	Migrant	Runaway	Head Start		
1.		<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"/>	
3.		<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"/>	EDG: _____
5.		<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"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 3. Total Household Gross Income					
A. List all children recorded in Part 1 who <u>have</u> an income and all household members not recorded in Part 1.	B. List all income on the same line as the person who receives it. Record how often the income is received in the second blank. Mark the box under <i>No Income</i> if the person has no income. (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Social Security, SSI, or VA Retirement Benefits	All Other Income	No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	□
1.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
2.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
3.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
4.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
5.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
6.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□
7.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	□

Part 4. Signature and Last Four Digits of Social Security Number—An adult household member must sign the application. If Part 3 is completed, the adult signing this form must provide the last four digits of his/her Social Security number or mark the box in front of "I do not have a Social Security number."

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name Here: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: I do not have a Social Security number.

Part 5. Sharing Information With Other Programs: OPTIONAL

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.

Programs: _____

Do Not Fill Out This Part. This Is For School Use Only

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

Total Income: _____, Per Week Every 2 Weeks Twice a Month Month Year Household Size: _____

Categorical Eligibility: Meal Eligibility: Free Reduced Denied Date Withdrawn: _____

Receiving/Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

***Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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.*

Multi-Use/Multi-Child Free and Reduced Price School Meals Application for 2014–2015 Extra Household Member Reporting Sheet

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		Foster	Homeless	Migrant	Runaway	Head Start	
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"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3. Total Household Gross Income					
A. List all children recorded in Part 1 who <u>have</u> an income and all household members not recorded in Part 1.	B. List all income on the same line as the person who receives it. Record how often the income is received in the second blank. Mark the box under <i>No Income</i> if the person has no income (A=Annually M=Monthly T=Twice Per Month E=Every Two Weeks W=Weekly)				
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Social Security, SSI, or VA Retirement Benefits	All Other Income	No Income
(Example) <i>Jane Smith</i>	\$199.00/E	\$149.00/M	\$99.00/M	\$50.00/T	
8.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
9.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
10.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
11.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
12.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
13.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
14.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
15.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
16.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
17.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
18.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
19.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	
20.	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	\$ _____ / ____	

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) 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.