## 2022-2023 Household Application for Free and Reduced Price School Meal

pply online: http://www.rcsnm.org/admissions/schools/school-lunch-program.cfm Complete one application per household. Please use a pen (not a pencil). 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) Homeless, Student? Foster Migrant, Child's First Name Child's Last Name Grade Definition of Household Yes No Child Runaway Member: "Anvone who is living with you and shares income and expenses, even all that apply if not related." Children in Foster care and children who meet the definition of Homeless. Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) How often? A. Child Income Bi-Weekly 2x Month Monthly Child income Weekly Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) 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) Are you unsure what income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Name of Adult Household Members (First and Last) Earnings from Work Bi-Weekly 2x Month Monthly Child Support/Alimony All Other Income Weekly Weekly Bi-Weekly 2x Month Monthly Bi-Weekly 2x Month Monthly Weekly of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. \$ The "Sources of Income for Adults" chart will help vou with the All Adult Household Members section Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Χ Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Contact information and adult signature. Mail Completed Form To: Rehoboth Christian School P.O. Box 41 Rehoboth, NM 87322 "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." Mailing Address / Street Address (if available) Apt# City State Zip Daytime Phone and Email (optional) Printed name of adult signing the form Signature of adult Today's date

Sources of Income for Children						
Sources of Child Income	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	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>					
-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					
OPTIONAL Children's Racial and Ethnic Identities						

S	ources of Income for A	dults
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household

OPTIONAL	Children's Racial and Ethnic Identities	
Responding to the Ethnicity (check of Race (check one The Richard B. Rus	this section is optional and does not affect your children's eligibility for free one):  Hispanic or Latino Not Hispanic or Latino or more):  American Indian or Alaskan Native Asian Blackel National School Lunch Act requires the information on this application. You do	nation is important and helps to make sure we are fully serving our community.  or reduced price meals.  ack or African American Native Hawaiian or Other Pacific Islander White  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
meals. You must inc signs the application. behalf of a foster chi Assistance for Need (FDPIR) case numb member signing the determine if your chi the lunch and breakinutrition programs to program reviews, and accordance with Fand policies, the US administering USDA disability, age, or refunded by USDA.	information, but if you do not, we cannot approve your child for free or reduced price lude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on ild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary by Families (TANF) Program or Food Distribution Program on Indian Reservations er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to lid is eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and by help them evaluate, fund, or determine benefits for their programs, auditors for ad law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or a programs are prohibited from discriminating based on race, color, national origin, sex, orisal or retaliation for prior civil rights activity in any program or activity conducted or	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 USDA Program Discrimination Complaint Form, (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 equal opportunity provider.
Do not fill out	For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthl	y x 12 Eligibility:

		HOW	oneni						
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied
	0	0	0	0		Categorical Eligibility	0	0	0
						<b>-</b> .			

Date **Determining Official's Signature** Date Confirming Official's Signature

Verifying Official's Signature

Date