Application #: 2018-2019 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: WTPS.ORG

STEP 1 LETAL H	ousehold Members who are infants, children, and	students up to and includir	ng Grade 12 (if more spaces are r	equired for additional names, a	tach another sheet of paper)
Definition of Household	Child's First Name	MI Child's Last Name	[press spacebar to advance]	School Name (Abbr.) Grade	Student attends this school district? Yes No Child Runaway
Member "Arryone who is living with you and shares income and expenses, even			referenced community and a standard pure for the standard state of the standard standard and standard		Yes No Child Runaway
Children in Foster care and					Tal apply
children who meet the definition of Homeless, Migrant or Runaway are					Check all that
eligible for free meals Read / How to Apply for Free and / Reduced Price School					
STER 2 DOZINA					
SIE-Z DOZIN	Household Members (including you) currently	participate in one or mor	e of the following assistance p	rograms: SNAP, TANF, or FD	PIR? YES NO
	If you answered NO > Complete STEP 3. If you are	swered YES > Write a case nur	mber here then go to STEP 4 (Do not co		Write only one case number in this space.
STEP3 Report	Income for ALL Household Members (Skip	othisstepifyouanswe	red 'Yes' to STEP2)		
:	A. Child Income     Sometimes children in the household earn or receive incom     Household Members listed in STEP 1 here.	e, Please include the TOTAL inco	me received by all	How often?  Id income Weekly 3-Weekly 2x ktore	Morey
Are you unsure what income to include here?	B. All Adult Household Members (including your List all Household Members not listed in STEP 1 (including for each source in whole dollars (no cents) only. If they do n	vourself) even if they do not receive	ve income. For each Household Member i e, write '0', if you enter '0' or leave any fie	listed, if they do receive income, report	total gross income (before taxes) ) that there is no income to report.
Flip the page and review the charts littled "Sources of Income" for more information	Name of Adult Household Members (First and Last)  Eamnos fr	Dm Work Weeky St Work 22 More	Public Assistance/ Chiki Support/Alemony Wester E	How often?  Persions/Re All Other Inc.  \$	
The "Sources of Income for Children" chart will help you with the Child Income section	s	I ŎŎŎ		000	
The "Sources of Income for Adults" chart will help you with the Ali Adult	\$ \$	+000			+0000
Household Members section.	\$			000 1	OŎŎŎ
		rigits of Social Security Number (SS 1998 Earner or Other Adult Househol		Check if no SSI	٧ 🗔
STEP 4 Contac	t information and adult signature. Mail C	ompleted Form To:			
'I certify (promise) that all information my children may	ion on this application is true and that all income is reported. I understar lose meal benefits, and I may be prosecuted under applicable State and	d that this information is given in conne l Federal laws."	oction with the receipt of Federal funds, and that	school officials may verify (check) the informat	ilion, I am aware that If I purposely give
Street Address (If available)	Apt ≈ City	· · · · · · · · · · · · · · · · · · ·	State Zip	Daytime Phone and Email (optional	)
Printed name of adult signing	the form Signat	ure 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  Income from person outside the household	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     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		

Sources of Income for Adults				
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 payand cash bonuses  (do NOT include combat pay,  FSSA or privatized housing  allowances) - Allowances for off-base  housing, food and dottring	- 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	 	I Ethnic Identities

	n is optional and does not affect your children's eligibility for	information is important and neips to make sure we are fully serving our community.  r 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

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.

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

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 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 (966) 632-9992. Submit your completed form or letter to USDA by:

mail civil rights complaints only to: U.S. Department of Agriculture

Office of the Assistant Secretary for Civit Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

emait.

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, Monthly x 12						
·	How often?			Eligibility:		
Total Income	Yieokly Bi-Viceldy 2x Month Month	Annual Household Size	,	Free Reduced Devied		
			Categorical Eligibility			
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date	