Red Clay Consolidated School District Meal Benefit Form

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

Printable Application Available At: www.redclaycafe.com/
Click on the "Meal Applications" icon (picture).

STEP 1 List ALL	. Household Members who are infants, chil	iuren, and stu	luents	ь ир ю а	na mei	uumg	graue	12. (11	ШОІ	e space:	arere	quire	eu 10	i auu	iliona	Паше	s, alle	acii a			OI		Homele
Definition of Household	Child's First Name		MI	Child's	Last I	Name											Grade Si			tudent? s No		Foster Child	r Migrai
Member: "Anyone who is living with you and shares] [
income and expenses, even if not related."																					apply		
Children in Foster care and children who meet the																					that		
definition of Homeless , Migrant or Runaway are									+				+								Check all that apply	-	
eligible for free meals. Read How to Apply for Free and																					5		J L
Reduced Price School Meals for more information.] [
STEP 2 Do any l	Household Members (including you) curre	ntly participat	te in c	one or m	ore of	the fol	llowing	assista	ance	program	ns: SN	AP.	TANE	or F	DPIR	?							
												,			mber:								
	If NO > Go to STEP 3. If YI	ES > Write a	case	number n	nere tne	n go to	SIEP	4 (Do <u>no</u>	ot cor	npiete S i	<u>EP 3</u>		Ju	30 140	iiiibci .				Write on	nly one c	ase nun	nber in	this spa
STEP3 Report Ir	ncome for ALLHousehold Members. (Skip t	:his stepifyou	answ	ered 'Ye	es' to ST	ΓΕΡ 2.))																
	A. Child Income															н	low ofte						
	Sometimes children in the household earn or receive income. Please include the TOTAL income receive								all				dincom	ne	We	ekly Bi-We	eekly 2x	x Month	Monthly				
	Household Members listed in STEP 1 here.		10								\$)					<i>)</i> (0	0				
Are you unsure what	B. All Adult Household Members (included) List all Household Members not listed in STEP	1 (including you	urself)																				
ncome to include here?	for each source in whole dollars (no cents) only	ly. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certify How often? Public Assistance/ How often?												tifying (p				e is no ir		to repo w often			
Flip the page and review the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from	Work	Weekly	Bi-Weekly	2x Month	Monthly			ipport/Alimon	y Wee	ekly Bi-\	Weekly	2x Mont	Monthly	,		ther Inco	etirement/ come	Weekly	Bi-Wee	kly 2x M	Month Mo
nformation.		\$		0	0	0	0	\$					0	0	0		\$			0	0) (
The "Sources of Income for Children" chart will		\$		0	\bigcirc	\bigcirc	\bigcirc	\$					\bigcirc	\bigcirc	\circ		\$			0	0) (
nelp you with the Child Income section.		\$		0	0	0	0	\$					0	0	0		\$				0) (
The "Sources of Income for Adults" chart will help		\$						\$					\bigcirc				\$) (
you with the All Adult Household Members								·				<u> </u>	$\overline{\bigcirc}$										
section.		\$						\$)				,	\$						
	Total Household Members (Children and Adults)	Last Four Dig Primary Wage			-			er	Χ	ХХ	X	<				Che	ck if n	no SSN	N				
STEP 4 Contact	information and adult signature. Mail	Completed F	orm	<u>Го:</u>	RCCS	D – N	utritio	Servic	ces,	Karen T	almo,	1798	Lime	eston	e Roa	d, Wilr	mingt	ton D	E 198	04.			
	OR Return Complete	ed Form To:	<u> </u>	School C	Office c	or Cafe	<u>eteria.</u>																
	I information on this application is true and the strue information. I am aware that if I purpos																						
·																							
treet Address (if available)	Apt#	City					State			Zip				/time F	Phone a	and/or E	mail (c	option	al)				
inted name of adult signing	Signatur	re of ac	dult									Too	day's d	ate									

STEP 5 DE State Children's Health Care Program NO! IDO NOT want information from my Free and Reduced Price Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP. STEP 6 **Red Clay Consolidated School District** Types! School Nutrition Office may share information from this application for school meal benefits with Red Clay School District officials for the following programs: to determine Eligibility to receive scholarships; Title 1 or dental/eye examinations; College Board Fee waivers for ACT, PSAT, SAT, and Advanced Placement (AP) exams; Fee reduction for field trips INSTRUCTIONS Sources of Income Sources of Income for Children Sources of Income for Adults Pensions / Retirement / Public Assistance / Example(s) Sources of Child Income **Earnings from Work** All Other Income Alimony / Child Support - Earnings from work - A child has a regular full or part-time job - Social Security Salary, wages, cash Unemployment benefits where they earn a salary or wages (including railroad bonuses - Worker's compensation retirement and black lung - Net income from self- Supplemental Security Social Security - A child is blind or disabled and receives Social benefits) employment (farm or Income (SSI) - Disability Payments Security benefits - Private pensions or business) Cash assistance from - Survivor's Benefits - A Parent is disabled, retired, or deceased, and disability benefits State or local their child receives Social Security benefits - Regular income from If you are in the U.S. Military: government -Income from person outside the household - A friend or extended family member trusts or estates Alimony payments regularly gives a child spending money - Annuities Basic pay and cash bonuses Child support payments Investment income (do NOT include combat pay, Veteran's benefits - Earned interest FSSA or privatized housing Strike benefits -Income from any other source - A child receives regular income from a - Rental income allowances) private pension fund, annuity, or trust Regular cash payments - Allowances for off-base from outside household housing, food and clothing **OPTIONAL** Children's Racial and Ethnic Identities 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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Race (check one or more): Asian Black or African American Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service You must include the last four digits of the social security number of the primary wage earner or other adult household member who at (800) 877-8339. Additionally, program information may be made available in languages other than English. signs the application. 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 To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) indicate that the adult household member signing the application does not have a social security number. We will use your found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or_write a letter addressed to information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs 632-9992. Submit your completed form or letter to USDA by: to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement U.S. Department of Agriculture officials to help them look into violations of program rules. Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the Washington, D.C. 20250-9410 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 (202) 690-7442; or email: program.intake@usda.gov. activity in any program or activity conducted or funded by USDA 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 Eligibility How often? **Total Income Household Size** Reduced Bi-Weekly 2x Month Monthly **Categorical Eligibility** Date Date Date **Determining Official's Signature** Confirming Official's Signature Verifying Official's Signature