2022-2023 Application for Free and Reduced-Price School Meals

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

Apply online at https://www.hilldale.k12.ok.us/

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)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even 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.

Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes	Student? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

STEP 2 Do any household members (including you) currently par… assistance programs: SNAP, TANF, or FDPIR?

If *No*, go to *STEP 3*. If *Yes*, write a case number here, then go t… *3.*)

Case Number: _____

Write only one case number in this space.

STEP 3 Report income for *ALL* household members (Skip this ste…

Are you unsure what income to include here?

Flip the page, and review the charts titled *Sources 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 you with the All Adult House Members section.

A. **Child Income**
Sometimes children in the household… by all children in the household liste…

B. **All Adult Household Members (In…**
List all household members not liste… gross income (before taxes) for each … certifying (promising) that there is n…

TOTAL income received $ **Child Income** ☐☐☐☐

How Often: Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly ☐

… do not receive income. For each household member listed, if he/she does receive income, report … do not receive income from any source, write *0*. If you enter *0* or leave any fields blank, you are …

Names of Adult Household Members (First and Last)	Earnings From Work	How Often: Weekly	Bi-weekly	2x Month	Monthly	Pensions/Retirement/All Other Income	How Often: Weekly	Bi-weekly	2x Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults) ☐☐

Last Four D… of Primary … X X X X X ☐☐☐☐

Check if No SSN ☐

STEP 4: Contact information and adult signature

Mail Comp… *rict Mailing Address Here*

I certify (promise) that all information on this application is true and that all income is reported. I understa… …ipt 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 la…

Street Address (if available) | Apt # | City | State | Zip Code | Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form | Signature of Adult | Today's Date

To Complete the Lunch Room Application Please Log into your parent portal select Student Records Portal, Select the Lunch Room tab in the Middle Of the screen, Complete and check the Green check mark on your left when you are done.

INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	**Example(s)**
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security —Disability payments —Survivor's benefits	• A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons ***OUTSIDE*** the household	• A friend or extended family member ***REGULARLY*** gives a child spending money
• Income from any other source	• A child receives 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 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 • Rental income • ***REGULAR*** cash payments from outside household

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

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (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, Monthly x 12

Total Income	How Often?				Household Size	Categorical Eligibility	Eligibility:		
	Annually	Bi-Weekly	2 x Month	Monthly		☐	Free	Reduced	Denied

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date