2023-2024 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Walton-Verona: wv.kyschools.us click on myschoolapps link

STEP 1 List ALL	Household Members who are infants, ch	uldren, and stude	ents up to and including	grade 12 (if more spaces a	are required for additional na	ames, attach a	another sheet of	paper)
Definition of Household	Child's First Name	M	Child's Last Name			Grade	Yes No	Foster Migrant, Child Runaway
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							Check all that apply	
definition of Homeless, Migrant or Runaway are							eck all	
eligible for free meals. Read How to Apply for Free and							<u> </u>	
Reduced Price School Meals for more information.								
STEP 2 Do any H	la construction and the state of the state o				TANE OF EDDING			
OTEL 2 Do any H	lousehold Members (including you) currently NO > Go to STEP 3.			STEP 4 (Do not complete STI	Ones Name			
	11 NO > GO 10 STEP 3. 11 Y	E3 > Write a cas	se number here then go to	STEP 4 (DO <u>not complete STI</u>	<u>EP 3</u>)	,	Write only one case n	number in this space.
STEP 3 Report In	come for ALL Household Members (Skip th	nis step if you ansv	wered 'Yes' to STEP 2)					
	A. Child Income				Child income Weekly	Bi-Weekly 2x Month	Monthly	
	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive income. Ple	ase include the TOTAL inco	ome received by all	\$ 0	0 0	0	
	B. All Adult Household Members (inc	luding yourself)			·			
Are you unsure what income to include here?	List all Household Members not listed in STE							
Flip the page and review	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 How often? How often? Public Assistance/ Public Assistance/					fvina (promisina)) that there is no inco	ome to report.
	ior oddir oddroc iir iiriolo dollaro (no odrilo) or		How often?	Public Assistance/	How often?	Pensions/Ret	tirement/	How often?
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Wor	How often?	Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Ret All Other Inco	tirement/	
the charts titled "Sources of Income" for more information.			How often?	Public Assistance/	How often?	Pensions/Ret	tirement/	How often?
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NSTRUCTIONS Sources of Income							
Sources of Ir	ncome for Children		S	Sources of Income for Adults			
Sources of Child Income	Example(s)		Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
- Earnings from work	A child has a regular full or part-time job where they earn a salary or wages 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		- Salary, wages, cash bonuses	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from		
- Social Security - Disability Payments - Survivor's Benefits			Net income from self- employment (farm or business) If you are in the U.S. Military:				
-Income from person outside the household	- A friend or extended far regularly gives a child sp		Basic pay and cash bonuses (do NOT include combat pay,	government - Alimony payments - Child support payments - Veteran's benefits	trusts or estates - Annuities - Investment income		
-Income from any other source	- A child receives regular private pension fund, and		FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	Earned interest Rental income Regular cash payments from outside household		
OPTIONAL Children's Racial and Et	hnic Identities						
not have to give the information, but if you do not, we meals. You must include the last four digits of the social signs the application. The last four digits of the social she half of a foster child or you list a Supplemental Nut Assistance for Needy Families (TANF) Program or Fo (FDPIR) case number or other FDPIR identifier for you member signing the application does not have a social determine if your child is eligible for free or reduced put the lunch and breakfast programs. We MAY share you nutrition programs to help them evaluate, fund, or determine if your child is eligible for free or reduced put the lunch and breakfast programs.	I security number of the adult house security number is not required whition Assistance Program (SNAP) and Distribution Program on India ur child or when you indicate that al security number. We will use yourice meals, and for administration ur eligibility information with educermine benefits for their program	ehold member who hen you apply on o), Temporary an Reservations t the adult household our information to an and enforcement of cation, health, and as, auditors for	To file a program discrimination complaint, a Complainant should complete the <u>USDA Program Discrimination of Online Form</u> (AD-3027) found online at <u>How to file a Compliant</u> , from any USDA office, by calling (866) 632-998 writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Ci (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must submitted to USDA by: Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture				
program reviews, and law enforcement officials to hele JSDA Nondiscrimination Statement ordance with federal civil rights law and U.S. Departing the second of the sec	ment of Agriculture (USDA) civil ri	ights regulations and origin, sex (including	Office of the Assistant Secretary for Ci 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (833) 256-1665 or (202) 690-7	ivil Rights			
am information may be made available in languages e alternative means of communication to obtain prog can Sign Language), should contact the responsible	ram information (e.g., Braille, larg	ge print, audiotape,	(3) email: program.intake@usda.gov . This institution is an equal opportunity				
Do not fill out For School Use Only							
Annual Income Conversion: Weekly x 52,	-	ce a Month x 24 Mc	onthly x 12	Clinibilia			
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Determining Official's Signature	Date Confir	rming Official's Signat	ture Date	Verifying Official's Signatu	ure Date		
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