

2020-2021 Household Application for Free and Reduced-Price School Meals

Apply online:

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).

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 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. **PLEASE PRINT**

Child's First Name MI Child's Last Name MI Student? Yes No School MI Grade MI Foster Child Homeless Migrant, Runaway

1)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: _____ (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)

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 Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by _____ Child Income _____
 Sometimes children in the household listed in STEP 1 here. \$ _____
 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) 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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?				Public Assistance/ Alimony/Child Support	How Often?				Pensions/Retirement/ All Other Income	How Often?							
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly				
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of _____
 (Children and Adults) _____ Primary Wage Earner or Other Adult Household Member _____
 Check if no SSN

STEP 4: Contact information and adult signature Mail Completed Form to: All Saints Catholic School 500 N 2nd Ave Alpena MI 49707

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.

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____
 Daytime Phone and Email (Optional) _____
 Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income

Examples

Earnings from work		A child has a regular full or part-time job where they earn a salary or wages
Social Security		A child is blind or disabled and receives Social Security Benefits.
- Disability Payments		A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's Benefits		
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.

Sources of Income for Adults

Sources of Adult Income

Example(s)

Earnings from work	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)
Public Assistance / Alimony / Child Support	-Allowances for off-base housing, food and clothing -Unemployment Benefits -Workers compensation -Cash assistance from State or local government -Alimony payments-Child support payments -Supplemental Security Income (SSI) -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

Optional: Children's Race 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 child(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 investigate 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.htm, 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
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: \$ _____ \$ _____ \$ _____ \$ _____ Household Size: _____ Categorical Eligibility: _____ Eligibility: Free Reduced Denied

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

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2020 to June 30, 2021

HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %						FREE MEALS - 130 %					
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES													
1	12,760	23,606	1,968	984	908	454	16,588	1,383	692	638	319		
2	17,240	31,894	2,658	1,329	1,227	614	22,412	1,868	934	862	431		
3	21,720	40,182	3,349	1,675	1,546	773	28,236	2,353	1,177	1,086	543		
4	26,200	48,470	4,040	2,020	1,865	933	34,060	2,839	1,420	1,310	655		
5	30,680	56,758	4,730	2,365	2,183	1,092	39,884	3,324	1,662	1,534	767		
6	35,160	65,046	5,421	2,711	2,502	1,251	45,708	3,809	1,905	1,758	879		
7	39,640	73,334	6,112	3,056	2,821	1,411	51,532	4,295	2,148	1,982	991		
8	44,120	81,622	6,802	3,401	3,140	1,570	57,356	4,780	2,390	2,206	1,103		
For each add'l Family member, add	4,480	8,288	691	346	319	160	5,824	486	243	224	112		
ALASKA													
1	15,950	29,508	2,459	1,230	1,135	568	20,735	1,728	864	798	399		
2	21,550	39,868	3,323	1,662	1,534	767	28,015	2,335	1,168	1,078	539		
3	27,150	50,228	4,186	2,093	1,932	966	35,295	2,942	1,471	1,358	679		
4	32,750	60,588	5,049	2,525	2,331	1,166	42,575	3,548	1,774	1,638	819		
5	38,350	70,948	5,913	2,957	2,729	1,365	49,855	4,155	2,078	1,918	959		
6	43,950	81,308	6,776	3,388	3,128	1,564	57,135	4,762	2,381	2,198	1,099		
7	49,550	91,668	7,639	3,820	3,526	1,763	64,415	5,368	2,684	2,478	1,239		
8	55,150	102,028	8,503	4,252	3,925	1,963	71,695	5,975	2,988	2,758	1,379		
For each add'l Family member, add	5,600	10,360	864	432	399	200	7,280	607	304	280	140		
HAWAII													
1	14,680	27,158	2,264	1,132	1,045	523	19,084	1,591	796	734	367		
2	19,830	36,686	3,058	1,529	1,411	706	25,779	2,149	1,075	992	496		
3	24,980	46,213	3,852	1,926	1,778	889	32,474	2,707	1,354	1,249	625		
4	30,130	55,741	4,646	2,323	2,144	1,072	39,169	3,265	1,633	1,507	754		
5	35,280	65,268	5,439	2,720	2,511	1,256	45,864	3,822	1,911	1,764	882		
6	40,430	74,796	6,233	3,117	2,877	1,439	52,559	4,380	2,190	2,022	1,011		
7	45,580	84,323	7,027	3,514	3,244	1,622	59,254	4,938	2,469	2,279	1,140		
8	50,730	93,851	7,821	3,911	3,610	1,805	65,949	5,496	2,748	2,537	1,269		
For each add'l Family member, add	5,150	9,528	794	397	367	184	6,695	558	279	258	129		