2024-2025 Household Application for Free and Reduced Price School Meals

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

Printed name of adult signing the form

Apply online: https://family.titank12.com

Today's date

STEP 1 List ALI	. Household Members who are infants, o	children, and student	s up to and includin	g grade 12 (if m	ore spaces a	re required fo	r additional	names, attacl	n another s	sheet of p	oaper)	
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	MI	Child's Last Name					Grade	Stud- Yes	Check all that apply	Foster Child	
OTET 2 DO any	Household Members (including you) cu	YES > Write a case				Cor	se Number:	X f	Write only	one case no	umber in	this spac
	A. Child Income Sometimes children in the household earn Household Members listed in STEP 1 here. B. All Adult Household Members (in		e include the TOTAL inc	come received by a	all	Child incom	e Week	How often?	th Monthly			
Are you unsure what income to include here?	List all Household Members not listed in ST for each source in whole dollars (no cents)	TEP 1 (including yourself	e income from any sour	rce, write '0'. If you	enter '0' or lea	ve any fields bla	nk, you are ce			e is no inco	ome to re	eport.
	List all Household Members not listed in ST	rep 1 (including yourself only. If they do not receive		rce, write '0'. If you		ve any fields bla How o	nk, you are ce	rtifying (promisir	ng) that there	is no inco	ome to re	eport.
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	List all Household Members not listed in ST for each source in whole dollars (no cents)	TEP 1 (including yourself only. If they do not received: Earnings from Work \$ \$ \$ \$ \$	ve income from any sour	rce, write '0'. If you Pub Chil	enter '0' or lear lic Assistance/	ve any fields bla How o	nk, you are ce	rtifying (promisin Pensions/ All Other I	ng) that there	is no inco	ome to re	eport.
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	List all Household Members not listed in ST for each source in whole dollars (no cents)	TEP 1 (including yourself only. If they do not received: Earnings from Work State of the state	ve income from any sour	Pub Chill	enter '0' or lear lic Assistance/	ve any fields bla How o	nk, you are ce	rtifying (promisir Pensions/ All Other I	ng) that there	is no inco	ome to re	eport.
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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. STEP 4 Contact "I certify (promise) that all inform	List all Household Members not listed in ST for each source in whole dollars (no cents) Name of Adult Household Members (First and Las Total Household Members (Children and Adults)	Eamings from Work Sharp See bring Completed ported. I understand that this	Weekly Bi-Weekly 2x Month Weekly Bi-Weekly 2x Month O O O O O O O O O O O O O O O	SN) of old Member	enter '0' or lea	we any fields bla How o Weekly Bi-Weekly	nk, you are ce ften? 2x Month Monthly O O O O O O O O O O O O O O O	rtifying (promisin Pensions/ All Other I \$ \$ \$ \$ \$ Check if no S	Retirement/ncome	Weekly Bi-W	ome to recommend of the comment of t	eport. ? Honth Month O

Signature of adult

Sources of					
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	- Salary, wages, cash bonuses	- Unemployment benefits - Worker's compensation	Social Security (including railroad retirement and black lung	
 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 their child receives Social Security benefits 	Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or local government	benefits) - Private pensions or disability benefits - Regular income from	
-Income from person outside the househo	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	Alimony payments Child support payments Veteran's benefits Strike benefits	trusts or estates - Annuities - Investment income - Earned interest	
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		Rental income Regular cash payments from outside household	
	about your children's race and ethnicity. This info		to make sure we are fully se	erving our community.	
Ethnicity (check one): Hispanic or	1 1	Plack or African American	Notive Howeiien or Other	Pacific Islandor White	
ace (check one or more): Americal American Americal American Americal American Americal American Americal American Amer	Act requires the information on this application. You do we cannot approve your child for free or reduced price cial security number of the adult household member who all security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household ocial security number. We will use your information to d price meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules. Department of Agriculture (USDA) civil rights regulations	large print, audiotape, American S applied for benefits. Individuals w through the Federal Relay Serv available in languages other than B To file a program complaint of d Form, (AD-3027) found online at: I office, or write a letter addressed t form. To request a copy of the co USDA by: mail: U.S. Department of A	Sign Language, etc.), should contact ho are deaf, hard of hearing or have rice at (800) 877-8339. Additionally English. liscrimination, complete the USDA Phttp://www.ascr.usda.gov/complaint_f to USDA and provide in the letter all omplaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights Avenue, SW 250-9410	ion for program information (e.g. Brail the Agency (State or local) where the speech disabilities may contact USI (r), program information may be materially program Discrimination Complaint filling_cust.html, and at any USDA of the information requested in the	
Americal American Americal American Americal American American American American American American Americal American Ame	Act requires the information on this application. You do we cannot approve your child for free or reduced price cial security number of the adult household member who all security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household ocial security number. We will use your information to did price meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules. Department of Agriculture (USDA) civil rights regulations employees, and institutions participating in or discriminating based on race, color, national origin, sex, il rights activity in any program or activity conducted or	Persons with disabilities who requilarge print, audiotape, American Sapplied for benefits. Individuals withrough the Federal Relay Serviavailable in languages other than Birofile a program complaint of different form, (AD-3027) found online at: hoffice, or write a letter addressed to form. To request a copy of the course of the Assistant 1400 Independence Air Washington, D.C. 202 fax: (202) 690-7442; or email: program.intake@usda. This institution is an equal opport	iire alternative means of communication in a language, etc.), should contact ho are deaf, hard of hearing or have rice at (800) 877-8339. Additionally English. Iiscrimination, complete the USDA Phttp://www.ascr.usda.gov/complaint_for USDA and provide in the letter all or implaint form, call (866) 632-9992. Sugriculture at Secretary for Civil Rights Avenue, SW 250-9410	ion for program information (e.g. Brail the Agency (State or local) where the speech disabilities may contact USI (r), program information may be materially program Discrimination Complaint filling_cust.html, and at any USDA of the information requested in the	
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