2024-25 Application for Free and Reduced Price School Meals

S APPLY ONLINE https://mocloud1.infinitecampus.org/campus/portal/allen.jsp

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

RETURN TO Allen Village School

Date Received by LEA (LEA use only):____

Date:

Attachment E

TEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPR? Or 1 Or 15 FP 3. Or 15 FP 3. Or 15 FP 4. Cost NUMBER (NOT EST NUMBER). With only one case number in this scale. TEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPR? With only one case number in this scale. TEP 3 Or 15 FP 3. Or 15 FP 3. Or 15 FP 4. Cost NUMBER (NOT EST NUMBER). With only one case number in this scale. TEP 4 Do any household members on fixed in STP1 1. Stati All household members on this one in the scale number (Pafor tastes and deductions)	hild's First Name	мі	Child's L	ast Naı	me									Buil	ding I	Name				Grade	:	Foster Child	Homeless, Migrant, Runaway		
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SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

	Sources of Income	Examples of Income for Children	
Earning from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All other sources of income	A child has a regular full or part-time job where they earn a salary or wages
 Salary, wages, cash bonuses, tips, commissions 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) 	 Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	 Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside 	 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 A child has a regular full or part-time job where they earn a salary or wages A child has a regular full or part-time job where they earn a salary or wages
 Allowances for off-base housing, food, and clothing 		household	

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) 🖓 Not Hispanic or Latino

Race (check one or more): 🛛 American Indian or Alaska Native 🖓 Asian 🖓 Black or African American 🖓 Native Hawaiian or Other Pacific Islander 🖓 White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with

education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

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 FAX: (833) 256-1665 or (202) 690-7442; or

EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.