2016-2017 Coopersville Area Public Schools Application for Free and Reduced Price School Meals

Apply online at: www.lunchapp.com/

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

finition of Household	Child's First Name	MI	MI Child's Last Name								Grade Student? Home Home Migr. Foster Migr. Yes No Child Runs						
mber: "Anyone who is ng with you and shares															Γ		
me and expenses, even trelated."															Aldc L	 	
dren in Foster care and															that a		=
en who meet the tion of Homeless , ant or Runaway are													Ш	Ш	Check all that apply	Ш	
le for free meals. Read to Apply for Free and															g		
ced Price School for more information.																	
EP 2 Do any H	lousehold Members (including you) curre	ently participate in	n one or	more of the	followin	g assista	ınce prog	grams: SN	AP, TAN	IF, or FDI	PIR?						
	KNO COLOTEDO KA	50 W.			. 0750	4.0		OTED ()	Cas	e Numbe	, .						
	If NO > Go to STEP 3. If Y	ES > Write a cas	e number	nere then go	to STEP	4 (Do <u>not</u>	complete	<u>51EP 3</u>)	Jud	o rrainbo	•		Write only o	one case	numbei	r in this	space
P3 Report In	come for ALL Household Members (Skip th	nis step if you answ	ered 'Ye	s' to STEP 2))												
	A Child Income									_	Но	w often?					
	A. Child Income Sometimes children in the household earn or	receive income. Plea	se include	the TOTAL in	the TOTAL income received by all					Veekly Bi-Wee	kly 2x Month	Monthly					
	Household Members listed in STEP 1 here.							\$			0 0		0				
u unsure what	B. All Adult Household Members (inc List all Household Members not listed in STEI	P 1 (including yourse															
e to include here?	for each source in whole dollars (no cents) on	lly. If they do not rece	eive incom	e from any so How often?		-		-	ields blar How of	-	certifying (-		is no ir	ncome to How oft	-	rt.
he page and review harts titled "Sources come" for more	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly 2x Mo	nth Monthly		ic Assistance d Support/Alin		Bi-Weekly	2x Month Mont	hly	Pensions/Ret	I	Weekly E	Bi-Weekly 2	2x Month	Monthl
nation.		\$	0	0 0		\$		0	0	0 0	\$			0	0	0	0
		\$	0	0 0		\$		0	0	0 0	\$			0	0	0	0
ldren" chart will									\cap	0 0) \$			\cap		0	0
ldren" chart will ou with the Child		\$		0 0		\$									\cup		_
ildren" chart will ou with the Child e section. Sources of Income ults" chart will help		\$ \$	0	0 0		\$ \$		0	0	0 0) \$			0	0	0	
dren" chart will u with the Child section. burces of Income tls" chart will help h the All Adult hold Members		·	0	0 0				0	0	0 0) \$) \$			0	0	0	0
dren" chart will u with the Child section. burces of Income tts" chart will help n the All Adult old Members		\$	0	0 0				0	0	0 0				0	0	0	0
Sources of Income illdren" chart will ou with the Child e section. Sources of Income ults" chart will help ith the All Adult ehold Members n.	Total Household Members (Children and Adults)	\$		•	` '	\$		O	0	0 0	\$	k if no SSN		0	0	0	0
ildren" chart will ou with the Child e section. sources of Income ults" chart will help th the All Adult hold Members		\$ Last Four Digits or		•	` '	\$	x x x		0	0 0	\$	k if no SSN		0	0	0	0
Idren" chart will but with the Child e section. Sources of Income ults" chart will help the All Adult hold Members h. Contact in comments of the Contact in community in the All information that all information that all information in the Contact in community in the Contact	(Children and Adults) formation and adult signature n on this application is true and that all income is reporter	\$ \$ Last Four Digits or Primary Wage Ear	ner or Othe	er Adult House	hold Memb	\$ s			O O Chool offic	O C	\$ Chec			O O	O	O O	0
ildren" chart will ou with the Child e section. Sources of Income ults" chart will help ith the All Adult shold Members n.	(Children and Adults) formation and adult signature	\$ \$ Last Four Digits or Primary Wage Ear	ner or Othe	er Adult House	hold Memb	\$ s			Chool offic	O C	\$ Chec			O O	O	O ly give	0
ildren" chart will ou with the Child e section. Sources of Income ults" chart will help ith the All Adult shold Members n. Contact int romise) that all informatio nation, my children may lo	(Children and Adults) formation and adult signature n on this application is true and that all income is reported under application and I may be prosecuted under application.	\$ Last Four Digits or Primary Wage Ear d. I understand that this able State and Federal I	ner or Othe	er Adult House	hold Memb	\$ steer X	of Federal fu				Chec	e information		O O	O	O ly give	0
ildren" chart will ou with the Child e section. Sources of Income ults" chart will help th the All Adult shold Members n.	(Children and Adults) formation and adult signature n on this application is true and that all income is reporter	\$ \$ Last Four Digits or Primary Wage Ear	ner or Othe	er Adult House	hold Memb	\$ steer X				ials may veri	Chec	e information		O O	O O D D D D D D D D D D D D D D D D D D	O ly give	

Determining Official's Signature

Sources of Income for Children						
Sources of Child Income	Example(s)					
- Earnings from work	- A child has a regular full or part-time job where they earn 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 their child receives Social Security 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					

Date

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:	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities				
 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and dothing 	Child support payments Veteran's benefits Strike benefits	Investment income Earned interest Rental income Regular cash payments from outside household				

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and	Ethnic Identities						
Responding to Ethnicity (check	this section is optional one): Hispanic o	and does not affect your	children's eligibility for anic or Latino	free or reduce		s to make sure we are fully se	_	e
not have to give the meals. You must incige the application behalf of a foster ch Assistance for Need FDPIR) case number member signing the determine if your che lunch and break nutrition programs to orgram reviews, an accordance with land policies, the US administering USDA	information, but if you do not clude the last four digits of the so. The last four digits of the so cild or you list a Supplemental dy Families (TANF) Program over or other FDPIR identifier for application does not have a sild is eligible for free or reduct fast programs. We MAY share on help them evaluate, fund, ound law enforcement officials to Federal civil rights law and U.S. DDA, its Agencies, offices, and A programs are prohibited from	n Act requires the information of the act requires the information of the adult cocial security number of the adult cial security number is not requined. Nutrition Assistance Program (or Food Distribution Program on record your child or when you indicate social security number. We will sed price meals, and for administry the program of the program o	for free or reduced price household member who red when you apply on SNAP), Temporary Indian Reservations the that the adult household use your information to tration and enforcement of education, health, and or of program rules. DA) civil rights regulations tricipating in or color, national origin, sex,	large prin applied fo through if available To file a p (AD-3027 write a let request a mail:	t, audiotape, American or benefits. Individuals was he Federal Relay Ser in languages other than orogram complaint of dis of found online at: http://was ter addressed to USDA copy of the complaint for U.S. Department of A	scrimination, complete the USDA Progroww.ascr.usda.gov/complaint_filing_ct and provide in the letter all of the inforom, call (866) 632-9992. Submit your Agriculture ant Secretary for Civil Rights Avenue, SW 0250-9410	the Agency (State or local) where the speech disabilities may contact US to program information may be more many be more proposed in the form. To make the proposed in the form. To	they SDA nade
Do not fill ou	t For School Use Only	,						
Annual Income	Conversion: Weekly x	52, Every 2 Weeks x 26, How often? Weekly Bi-Weekly 2x Month Monthly	Household Size	lonthly x 12 Categorical El	igibility	Eligibility: Free Reduced Denied		
		1						

Date

Confirming Official's Signature