

STEP 5 An adult household member must sign and date this form before it can be approved.

"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 CACFP 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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Printed name of adult signing the form	Signature of adult		Today's date				

OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your 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 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 Native Hawaiian or Other Pacific Islander Black or African American Asian White

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.

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/ad-3027.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; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
Program.Intake@usda.gov

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.

This institution is an equal opportunity provider.

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.

Do not fill out For SPONSOR Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income <input type="text"/>	How often?				Household Size <input type="text"/>	Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway <input type="checkbox"/> SSI (adult participant only) <input type="checkbox"/> Medicaid (adult participant only)	DATE WITHDRAWN: _____	Eligibility		
	<input type="radio"/> Weekly	<input type="radio"/> Bi-Weekly	<input type="radio"/> 2x Month	<input type="radio"/> Monthly				Free	Reduced	Paid
Determining Official's Signature <input type="text"/>	Date <input type="text"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>