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									OL USE ONLY	OR SCHO	ECTION. THIS IS FO	DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.
	,		, , , , ,	,	d			0				opportunity provider and employer.
s. S.W.	lependence Avenue	dication, 1400 Ind 0) 845-6136 (Span	i, Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., the Federal Relay Service at (800) 877-83.39: or (800) 845-6136 (Spanish). USDA is an equal	of Agriculture, Dia	at U.S. Department	etter to us by mail contact USDA three	complaint form or k	d your completed of	equested in the form. Sen	the information	y also write a letter containing all of 7442 or email at program intake@us	call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Washington D.C. 2025, 94.0 by fave speech disabilities may contact USDA through it
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a lot brogram	programs, addition	e pelicino ioi dien	programs where went examate, min, or determine behaves or their programs, awarens ou program	neib men evalua		olt, nealth, and nuc	Hadon widi edikadi	at engionity inform	Bialis, we may state yo	iles.	em look into violations of program ru	ur recurs pris meta, and so administration and end centent of the unduland desirable programs. He to the state of your engoing unformation who evaluated and individual so the pit them look into violations of program rules.
hild is eligible	determine if your c	ur information to	nber. We will use you	ocial security nun		ning the applicatio	sehold member sig	e that the adult hou	hild or when you indicate	entifier for your	OPIR) case number or other FDPIR id	Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child is eligible.
or Food	social security num	for Needy Familie	must include the last	price meals. Your	for free or reduced p	sprove your child for Supplemental Nutr	to not, we cannot ap	mation, but if you d	not have to give the infort	Mication. You do	t requires the information on this applications that the last four digits of the social securi-	The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information approve your child for free or reduced price made. You must information this application. You do not have to give the information approve your child for free or reduced price made. You must reduce the last four labels of the price made to the control to the price made to the price made to the control to the price made to the
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lerstand	I give. I und	information be prosecut	will get federal funds based on the information I give. I understand may lose meal benefits, and I may be prosecuted.	e meal benef	ool will get fe dren may lose	that the scho	I understand alse informat	s reported. I	nt.) I that all income it tand that if I puri	Act Statement is true and	nber" box. (See Privacy) nation on this application fy (check) the informatic	do not have a social security number" box. (See Privacy Act Statement.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I git that the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
" adt das	number or m	ial cocurity	te of their enci	act four digi	this or har la	must also lis	annlication	lt cianing th	mpleted the adu	Dart 7 is s	MUST SIGN)	PART 4. SIGNATURE (ADULT MUST SIGN)
	on/Migrant	meless Liaist	number of Ho	or at [phone	nt Coordinato	ison/Migrar	Homeless Lia	iool/district	ay contact the sch	or a runaw	or is homeless, migrant,	If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]
										ENT	I, OR RUNAWAY STUD	PART 3. HOMELESS, MIGRANT, OR RUNAWAY STUDENT
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no Income	How often	income	How often	Income	How often	Income	How often	Income	or court	3. Grade	N/A if not in school	
6. Check i		All other income	and VA benefits	social security, SSI, and VA benefits	ony	alimony	before deductions	before de	responsibility of	5	Name of school building for	·
			Pensions, retirement,	Pensions, r	ld support	Welfare chil	from work	Farminge	legal		2. Name of school building	1 Name - list everyone in
	hly, yearly)	nonth, mont	Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)	dy, every 2 v	eceived (week	ften it was re	me and how o	5. Gross inco				
											AATION	Part 2. Household Information
			er: 0 0	Case Number: 0 0	0							Name:
				etely.	art 2 completely.	S, TIII OUT P	erves benem	no one rece	e nousenoid. II	rents in tr	S 1, 2, and 3 for all stud	Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, nil out Part
	s below.	the benefit	who receives	ne person v	umber for th	and case nu	le the name	ince, provid	nporary Assista	nps or Te	old receives Food Star	If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below