



CATHOLIC CENTRAL HIGH SCHOOL SCHOOL LUNCH POLICY

Michigan Department of Education (MDE) and National School Lunch Program (NSLP) have provided schools with administrative guidelines and policy for meal charges. Following the administrative guidelines from MDE and NSLP, Catholic Central will adhere to the following meal charge policy:

- Students/Parents/Guardians will receive an automated email when their lunch account has \$5.00 or less
- **It is our policy to never deny a student lunch;** Students will still be able to charge a combo lunch BUT if their lunch account reaches a negative balance of \$9.00 (or the total of three combo lunches), *students will not be allowed to charge a la carte items including extra entrees until the account is brought current*
- If cafeteria services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) and the privilege of charging meals will be refused
- All accounts must be settled at the end of the school year. Letters will be emailed approximately four (4) to five (5) days before the last day of school to students with negative balances*.

*Negative balances will result in report cards/caps and gowns being held until balance is paid in full

*Exceptions to this policy can be made at the discretion of the Food Service Director

If you have any questions or concerns, please reach out to me:

Eileen O'Brien
Catholic Central High School
Food Service Director
eileenobrien@grcatholiccentral.org
(616) 233-5863



THE NATIONAL SCHOOL LUNCH PROGRAM



1. What is the National School Lunch Program?

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day. The program was established under the Richard B. Russell National School Lunch Act, signed into law by President Harry Truman in 1946.

About 7.1 million children participated in the NSLP in its first year. Since then, the Program has reached millions of children nationwide: 1970: 22.4 million children; 1980: 26.6 million children; 1990: 21.1 million children; 2000: 27.3 million children; 2010: 31.8 million children; and 2016: 30.4 million children.

2. Who administers the NSLP?

The Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) administers the Program at the Federal level. At the State level, the NSLP is administered by State agencies, which operate the Program through agreements with school food authorities. State agency contact information is available at: <https://www.fns.usda.gov/school-meals/school-meals-contacts>.

3. How does the Program work?

The NSLP is generally operated by public or non-profit private schools of high school grade or below. Public or non-profit private residential child care institutions may also participate in the NSLP, and charter schools may

participate in the NSLP as public schools. Participating school districts and independent schools receive cash subsidies and USDA Foods for each reimbursable meal they serve. In exchange, NSLP institutions must serve lunches that meet Federal meal pattern requirements and offer the lunches at a free or reduced price to eligible children. School food authorities can also be reimbursed for snacks served to children who participate in an approved afterschool program including an educational or enrichment activity."

4. What are the nutrition requirements for NSLP lunches?

All NSLP lunches must meet Federal requirements, though decisions about the specific foods to serve and the methods of preparation are made by local school food authorities. Information about the NSLP nutrition standards, along with technical assistance and guidance materials, may be found on the School Meals website: <https://www.fns.usda.gov/school-meals/nutrition-standards-school-meals>.

5. How can children qualify for free or reduced price school lunch?

Children may be determined "categorically eligible" for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program, or based on their status as a homeless, migrant, runaway, or foster child.



Children enrolled in a federally-funded Head Start Program, or a comparable State-funded pre-kindergarten program, are also categorically eligible for free meals.

Children can also qualify for free or reduced price school meals based on household income and family size. Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduced price meals. Schools may not charge children more than 40 cents for a reduced price lunch. To see the current Income Eligibility Guidelines, please visit: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.

6. What are the current reimbursement rates for participating schools?

School food authorities are reimbursed for meals based on children's free, reduced price, or paid eligibility status. For current reimbursement rates, please visit: <http://www.fns.usda.gov/school-meals/rates-reimbursement>. School food authorities that are certified to be in compliance with the Program meal pattern receive an extra 6 cents for each lunch served. Additionally, schools in Alaska, Hawaii, and Puerto Rico are eligible for a higher reimbursement rate, due to the higher cost of food in those areas.

7. What types of foods do participating schools receive from USDA?

In addition to cash reimbursements, schools receive USDA Foods. States select USDA Foods for their schools from a list of foods purchased by USDA and provided through the NSLP. Schools can also receive bonus USDA Foods as they are available from surplus agricultural stocks. The variety of USDA Foods schools receive depends on available quantities and market prices. For more information about USDA Foods, please see: <https://www.fns.usda.gov/fdd/food-distribution-programs>.

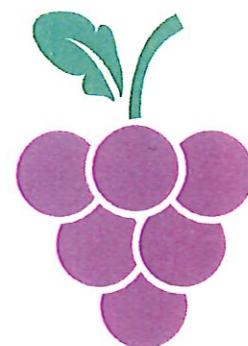
8. What additional support do schools receive from FNS?

Through its Team Nutrition initiative, FNS provides training and technical assistance to school nutrition professionals to enable them to prepare and serve nutritious meals that meet the Program meal pattern requirements and appeal to children. The Team Nutrition Resource Library has web-based resources available to help children and school nutrition professionals understand the link between diet and health. State and local Program operators may request free printed copies of certain Team Nutrition materials. To learn more, visit: <http://www.fns.usda.gov/tn/team-nutrition>.

FNS is also working to increase the availability of fresh produce in schools. The Fresh Fruit and Vegetable Program introduces children at participating low-income elementary schools to a variety of produce they otherwise might not have the opportunity to taste. In addition, through the Farm to School initiative, FNS helps school food authorities incorporate fresh, local produce into school lunch menus.

9. Where can I go to learn more about the NSLP?

For more information about the NSLP, please contact the State agency responsible for the administration of the Program in your State: <https://www.fns.usda.gov/school-meals/school-meals-contacts>.

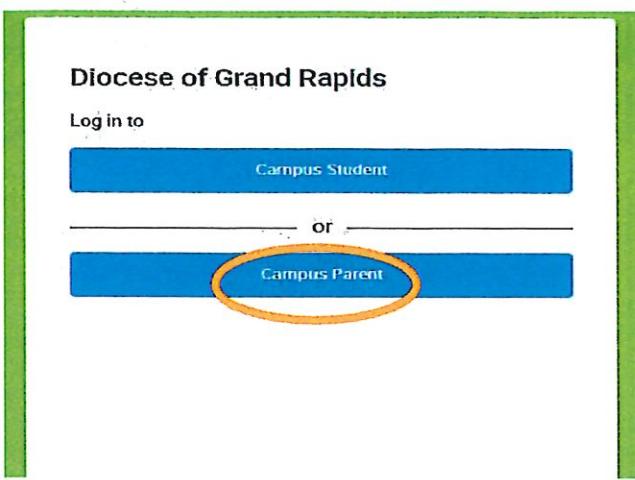




Food Service Payments

1. Go to the "Parent Portal" site <https://micloud1.infinitecampus.org/campus/portal/parents/grcss.jsp>

2. Log in to your Parent Account



3. Click on Food Service to view your child's balance and add money to their lunch account.

Message Center

Today

Calendar

Assignments

Grades

Grade Book Updates

Attendance

Schedule

Food Service

Fees

Documents

More

Message Center

Announcements

Inbox

No messages available.

4. From this screen you will be able to add a payment to your cart and pay with credit card (Visa, MC, Discover), or direct ACH withdrawal. You can enter the payment method each time, or save a card in "My Account". The food service balance will be updated immediately.

Message Center

Today

Calendar

Assignments

Grades

Grade Book Updates

Attendance

Schedule

Food Service

Fees

Documents

More

Food Service

ACCOUNT NAME	ACCOUNT #	BALANCE
[REDACTED]	[REDACTED]	\$825

Pay

0 Items In Cart
\$0.00

My Cart

My Account

FREQUENTLY ASKED QUESTIONS ABOUT SCHOOL MEALS AND SUMMER EBT

Dear Parent/Guardian:

Children need healthy meals to learn. **Catholic Central High School** offers healthy meals every school day. Breakfast costs **\$3.00** lunch costs. **\$3.25**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$0.25** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from the **Food Assistance Program (FAP)**, **Family Independence Program (FIP)**, or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2023-2024

Household Size	Annually	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Catholic Central High School**, eileenobrien@grcatholiccentral.org **616-233-5863**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one *Free and Reduced-Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Catholic Central High School Food Service, 319 Sheldon Grand Rapids, MI 49503
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Eileen O'Brien ,Food Service Director eileenobrien@grcatholiccentral.org 616-233-5863 immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year,

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Grand Rapids. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Catholic Central High School, Eileen O'Brien
616-233-5863 or eileenobrien@grcatholiccentral.org**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.
Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
 - In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
 - Students attending Catholic Central High School regardless of age.
- A) **List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) **Is the child a student at Catholic Central High School?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **Catholic Central High School**. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

A) **If no one in your household participates in any of the above listed programs:**

• Leave **STEP 2** blank and go to **STEP 3**.

B) **If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Your local state agency.
Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly,

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

- A) **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.
- What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

• **Do NOT include:**

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1**.
- B) **List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, Part A.**
- C) **Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
- What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- D) **Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
- E) **Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.
- F) **Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.
- G) **Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

- A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) **Mail Completed Form to: Catholic Central 319 Sheldon Grand Rapids, Mi 49503**

- D) **Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

2023-2024 School Meals and Summer EBT Application

Apply online: N/A

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

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student? Yes No	School	Grade	Foster Child	Homeless Migrant, Runaway
1)			<input type="checkbox"/>				
2)			<input type="checkbox"/>				
3)			<input type="checkbox"/>				
4)			<input type="checkbox"/>				
5)			<input type="checkbox"/>				

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

If YES > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).

Case Number: _____ (Write only one case number in this space)

STEP 3: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

\$ _____
Child Income
How Often? Please put an X
Weekly Bi-Weekly 2x Month Monthly Annual

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Public Assistance/ Alimony/Child Support	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Pensions/Retirement/ All Other Income	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Pensions/Retirement/ All Other Income	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Pensions/Retirement/ All Other Income	How often received? Weekly Bi-Weekly 2x Month Monthly Annual	Pensions/Retirement/ All Other Income
1)	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
2)	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
3)	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
4)	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
5)	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Last Four Digits of Social Security Number (SSN) of

(Children and Adults) _____ Primary Wage Earner or Other Adult Household Member (if Applicable) _____

Check if no SSN

RETURN COMPLETED FORM TO: Catholic Central High School Food Service 319 Sheldon Grand Rapids, MI 49503

"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 school officials may verify (confirm) 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".

Street Address (if available) _____ Apt # _____

City _____

State _____

Zip _____

Phone (Optional) _____

Email (Optional) _____

Printed Name of Adult Signing Form

Signature of Adult

Today's Date

SOURCES AND EXAMPLES OF INCOME: for additional information on income, please refer to the instructions that accompany this application.

A blank

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security	A child is blind or disabled and receives Social Security Benefits.
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's 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.

Sources of Adult Income	Examples
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / -If you are in the US Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) / -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits -Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household
Pensions / Retirement / All Other Income	

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) Native Hawaiian or Other Pacific Islander
 Race (check one or more) Asian Black or African American American Indian or Alaskan Native

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 ethnicity 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.

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 [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (<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

- (1) by: mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
 (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: \$ _____ \$ _____ Bi-Weekly _____ \$ _____ Monthly _____ \$ _____ Annual _____ Household Size: _____ Eligibility: _____ Categorical Eligibility: _____ Eligibility: Free Reduced Denied

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

Date _____