2019 - 2020 Application for Free and Reduced Price School Meals - VT Agency of Education

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

A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if		ousehold Members who are infants, children,	and students up to and including grade 12 (if more spaces are	required for additional names, atta	* *	Homeless
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STEP3 Report Hrome for ALL Household Members (Skip this step if you answered Yee's USTP2 and provided a Case Number) Please root Hive is Apply for free and Reuse Diversion of the step in the construction on the household Ambers (including yoursel)). List all Household Members not listed in STEP 1 (including yoursel) years if they do not receive income. For each Household Members (including yoursel). List all Household Members not listed in STEP 1 (including yoursel)). The there is no income to report they do not receive income. For each Household Members (including yoursel). Use out entry of the blanky, vua are certifying promising that there is no income to report they do not receive income. For each Household Members (including yoursel). Child Income Version (including yoursel). Name Addit Household Members (Fire & Law) Is anting form Wed. Value Wed. Valu	STEP 2 Do any Ho	usehold Members (including you) currently p	articipate in one or more of the following assistance program	s: 3SquaresVT or Reach-Up?		
A. Child Income Sometimes children in the household cam income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if applicable. See back for more information. 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 from any source, write '0'. If you enter '0' or leave any fideb bank, you are certifying promising hub there is no income to report information. The sources in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fideb bank, you are certifying promising hub there is no income to report. Name Adult Household Members (Field Cast) Section With the source of	If NO >	Complete STEP 3. If YES > Write a case a	umber here then go to STEP 4 (<u>Do not complete STEP 3</u>)		Case Number:	
applicable: See back for more information.	STEP 3 Report Inco	ome for ALL Household Members (Skip thi	step if you answered 'Yes' to STEP 2 and provided a Case N	umber)		
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STEP 4 Contact information and adult signature "Teerity (promise) that all information on this application is true and that all income is reported. Lunderstand that this information is given in connection with the receipt of Federal funds, and that school 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." Signature of adult completing the form Frinted name of adult completing the form Today's date Cell Phone Number Street Address (if available) Apt # City State Zip Email (optional) Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 35quaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com. 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 Eligibility Ital Income Frequency Household Size Categorical Eligibility Image: Denied Ital Income Frequency Household Size Categorical Eligibility Image: Denied				$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
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Sources of Income for Children		Sor	Sources of Income for Adults			
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement /All Other Income		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash	- Unemployment benefits	Social Security (including		
 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 	 bonuses 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, 	 Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government 	railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money		 Alimony payments Child support payments Veteran's benefits 			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	 FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	- Strike benefits			

OPTIONAL Children's Racial and Ethnic Identities

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 Not Hispanic or Latino							
Race (check one or more):	American Indian or Alaskan Native Asian Black or African American						
	Native Hawaijan or Other Pacific Islander White						

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the	
1	23,107	1,926	963	889	445	reduced price	
2	31,284	2,607	1,304	1,204	602	guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.	
3	39,461	3,289	1,645	1,518	759		
4	47,638	3,970	1,985	1,833	917		
5	55,815	4,652	2,326	2,147	1,074		
6	63,992	5,333	2,667	2,462	1,231		
7	72,169	6,015	3,008	2,776	1,388		
8	80,346	6,696	3,348	3,091	1,546		
For each additional household member add 4,420	8,177	682	341	315	158		

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braile, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination complaint form, (AD-3027) found on line at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) 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: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.