



**INSTRUCTIONS Sources of Income**

| Sources of Income for Children                                    |  |
|---|--|
| Type of Income  | Examples   |
| Earnings from work  | A child has a job where they earn a salary or wages.   |
| Social Security<br>-Disability payments<br><br>-Survivor Benefits | A child is blind or disabled and receives Social Security benefits.<br><br>A parent is disabled, retired, or deceased and their child receives social security benefits. |
| Income from persons <u>outside</u> the household                  | A friend or extended family member <u>regularly</u> gives a child spending money.  |
| Income from any other source                                      | A child receives income from a private pension fund, annuity or trust.   |

| Sources of Income for Adults  |   |  |
|---|---|--|
| Earnings from Work  | Public Assistance/<br>Alimony/Child Support   | Pensions/Retirement/All Other Income   |
| - Salary, wages, cash bonuses<br><br>- Net income from self-employment (farm or business)   | - Unemployment benefits<br><br>- Workers Compensation<br><br>- Supplemental Security Income (SSI) | - Social Security (including railroad retirement and black lung benefits)<br><br>- Private Pensions or disability<br><br>- Regular income from trusts or estates |
| <b>If you are in the U.S. Military:</b><br>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) | - Cash Assistance from State or local government<br><br>- Alimony payments                        | - Annuities<br><br>- Investment Income   |
| - Allowances for off-base housing, food and clothing  | - Child support payments<br><br>- Veteran's benefits<br><br>- Strike benefits                     | - Earned Interest<br><br>- Rental Income<br><br>- Regular cash payments from outside household   |

**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 Hawaiian or Other Pacific Islander     White

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 (SNAP), Temporary Assistance for Needy Families (TANF) 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, 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: <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 by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S. Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*