# **2024-2025 Application for Free and Reduced-Price School Meals** Complete one application per household. Please use a pen (not a pencil).

STEP1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)							
	Child's First Nar	ne		MI C	nild's Last Name	School Name	Homeless, Foster Migrant, Child Runaway
Definition of <b>Household</b> <b>Member</b> : "Anyone who is living with you and shares income and expenses, even if not related."							
Children in <b>Foster care</b> and children who meet the							
definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are							
eligible for free meals.							C C C C C C C C C C C C C C C C C C C
STEP 2 Do any	Household Membe	ers (including you	) currently particip	ate in one	or more of the following ass	istance programs: SNAP, TANF, or FDPI	R? Circle one: Yes / No
	If you answered NO	> Complete STEP 3.	If you answered Y	ES > Write a	case number here then go to STEP		
STEP 3 Report	Income for ALL F	ousehold Memb	<b>ers</b> (Skip this step if	/ou answei	ed 'Yes' to STEP 2)	Writ	e only one case number in this space.
Are you unsure what income to include here? Flip to the back of this application and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.	Household Members II B. All Adult House List only the Adult House and deductions) for ea Name of Adult Household C. Total Househol (Children and Adult)	sted in STEP 1 here. Schold Members (incluch schold Members (incluch schold Members (First and Last d Members (First and Last Id Members	cluding yourself) ding yourself) even if they ars only. If they do not rec GROSS Earnings from Work \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/ do not rece eive income How Weekly Bi-Week	rom any source, write '0'. If you enter ' often? y 2x Month Monthly Child Support/Alim Child Support/Alim S S S S S S S S S S S S S S S S S S S	nber listed, if they do receive income, report total GRO 0' or leave any fields blank, you are certifying (promisin How often? Pensions/Retire All Other Income \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ng) that there is no income to report. How often?
STEP 4 Contact	t information and	l adult signatur	e <u>Mail Complete</u>	ed Form t	<u>o: BASIS Phoenix South, 5</u>	5700 S. 19th Ave, Phoenix, AZ, 85041	
"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 (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."        <							

## INSTRUCTIONS Sources of Income

So	ources of Income for Children	Sources of Income for Adults			
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
Earnings from work	A child has a job where they earn a salary or wages.	- Salary, wages, cash bonuses	- Unemployment benefits	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>	
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.	<ul> <li>Net income from self- employment (farm or business)</li> <li>If you are in the U.S. Military:</li> <li>Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing</li> </ul>	<ul> <li>Workers Compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash Assistance from State or local government</li> </ul>	<ul> <li>Private Pensions or disability</li> <li>Regular income from trusts or estates</li> </ul>	
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			- Annuities - Investment Income	
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.	allowances) -Allowances for off-base housing, food and clothing	<ul> <li>Alimony payments</li> <li>Child support payments</li> </ul>	- Earned Interest - Rental Income	
Income from any other source	A child receives income from a private pension fund, annuity or trust.		- Veteran's benefits - Strike benefits	- 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/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

This institution is an equal opportunity provider.