

FREQUENTLY ASKED QUESTIONS ABOUT FREE SPECIAL MILK

Dear Parent/Guardian:

Children need healthy milk to learn. **Holy Spirit Catholic School** offers healthy milk every school day. **Your children may qualify for free special milk.** This packet includes an application for free special milk 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 SPECIAL MILK?

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

INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2025 to June 30, 2026)

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
	Annual	48 Contiguous States, District of Columbia, Guam, and Territories									
1	15,650	28,953	2,413	1,207	1,114	557	20,345	1,696	848	783	392
2	21,150	39,128	3,261	1,631	1,505	753	27,495	2,292	1,146	1,058	529
3	26,650	49,303	4,109	2,055	1,897	949	34,645	2,888	1,444	1,333	667
4	32,150	59,478	4,957	2,479	2,288	1,144	41,795	3,483	1,742	1,608	804
5	37,650	69,653	5,805	2,903	2,679	1,340	48,945	4,079	2,040	1,883	942
6	43,150	79,828	6,653	3,327	3,071	1,536	56,095	4,675	2,338	2,158	1,079
7	48,650	90,003	7,501	3,751	3,462	1,731	63,245	5,271	2,636	2,433	1,217
8	54,150	100,178	8,349	4,175	3,853	1,927	70,395	5,867	2,934	2,708	1,354
For each add'l family member, add	5,500	10,175	848	424	392	196	7,150	596	298	275	138

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 milk, please call or e-mail **Holy Spirit Catholic School**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free Special Milk 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: Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE SPECIAL MILKS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com immediately.
5. **CAN I APPLY ONLINE?**

_____ Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.holyspirit-al.com** to begin or to learn more about the online application process.

Contact Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com if

you have any questions about the online application. You have the option to complete a paper application if you do not wish to apply online. Contact Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com to request a paper application.

_____No, an online application is not available at this time.

6. 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, through **May 22, 2026**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free milk, your child will be charged the full price for milk.
7. I GET WIC. CAN MY CHILDREN GET FREE MILK? Children in households participating in WIC may be eligible for free special milk. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free special milk if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free special milk.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. DO I HAVE TO PROVIDE MY SOCIAL SECURITY NUMBER? Only the last 4 digits of the social security number of the household's primary wage earner or another adult household member (or an indication of "none") is required.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Jackie Mitchell, 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405, 205-553-9630, jmitchell@holyspirit-al.com to receive a second application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Alabama SNAP** or other assistance benefits, contact your local assistance office or call (800) 382-0499.

If you have other questions or need help, call **205-553-9630**

Sincerely,

Jackie Mitchell

USDA Nondiscrimination Statement

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, 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, audiotope, 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](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.

ATTACHMENT B

INCOME ELIGIBILITY FOR FREE MILK

This is the income scale used by Holy Spirit Catholic School to determine eligibility for free milk.

INCOME ELIGIBILITY GUIDELINES
[Effective from July 1, 2025 to June 30, 2026]

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
	Annual										
48 Contiguous States, District of Columbia, Guam, and Territories											
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3	26,650	49,303	4,109	2,055	1,897	949	34,645	2,888	1,444	1,333	667
4	32,150	59,478	4,957	2,479	2,288	1,144	41,795	3,483	1,742	1,608	804
5	37,650	69,653	5,805	2,903	2,679	1,340	48,945	4,079	2,040	1,883	942
6	43,150	79,828	6,653	3,327	3,071	1,536	56,095	4,675	2,338	2,158	1,079
7	48,650	90,003	7,501	3,751	3,462	1,731	63,245	5,271	2,636	2,433	1,217
8	54,150	100,178	8,349	4,175	3,853	1,927	70,395	5,867	2,934	2,708	1,354
For each add'l family member, add	5,500	10,175	848	424	392	196	7,150	596	298	275	138

All children in the same family attending programs under the jurisdiction of the same sponsor are to receive the same benefits.

DEFINITION OF INCOME

"Income" means money earned before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commission of fees
2. Net income from self-employed farmers and self-employed businessmen
3. Social security
4. Dividends or interest on savings or bonds
5. Income from estates or trusts
6. Net rental income
7. Unemployment compensations
8. Public assistance or welfare payments
9. Government civilian employee or military retirement or pensions
10. Veterans' payments
11. Private pensions or annuities
12. Regular contributions from persons not living in the household
13. Alimony or child support payments
14. Net royalties
15. Other cash income

DEFINITION OF HOUSEHOLD

"Household" means a group of related or nonrelated individuals who are not residents of an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family. However, children who are full-time residents of an institution are considered a family of one.

WE MUST CHECK YOUR APPLICATION

Dear Parent/Guardian:

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free milk.

School: _____ Date: _____

Dear _____:

We are checking your Free Special Milk Application. Federal rules require that we do this to make sure only eligible children get free milk. You must send us information to prove that **[name(s) of child(ren)] [is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **Alabama SNAP, Alabama TANF or FDPIR** WHEN YOU APPLIED FOR FREE SPECIAL MILK, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **Alabama SNAP, Alabama TANF or FDPIR** Certification Notice that shows dates of certification.
- Letter from **Alabama SNAP, Alabama TANF or FDPIR** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **Holy Spirit Catholic School** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **Alabama SNAP, Alabama TANF or FDPIR** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: 711 James I Harrison Jr. Parkway E, Tuscaloosa, AL 35405**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **Alabama SNAP** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call the Alabama Food Assistant Information Line at (800) 382-0499. **You may also e-mail us at jmitchell@holyspirit-al.com.**

Sincerely,

Jackie Mitchell

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

USDA Nondiscrimination Statement

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, 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.

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7. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
8. **fax:**
(833) 256-1665 or (202) 690-7442; or
9. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

ATTACHMENT D2

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free special milk and have decided that:

☐ Your child(ren)'s eligibility has not changed.

- ☐ Starting **[date]**, your child(ren) is/are no longer eligible for free special milk for the following reason(s):
- ☐ Records show that no one in your household received **Alabama SNAP or Alabama TANF** benefits.
 - ☐ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ☐ Your income is over the limit for free milk.
 - ☐ You did not provide: _____
 - ☐ You did not respond to our request.

If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **Alabama SNAP, Alabama TANF or FDIPIR** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **Jackie Mitchell** at **205-553-9630**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free milk until the decision of the hearing official is made. You may request a hearing by calling or writing to: **Jackie Mitchell, 711 James I Harrison Jr Parkway E, Tuscaloosa, AL 35405, 205-553-9630, or jmitchell@holyspirit-al.com**.

Sincerely,

Jackie Mitchell

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11. **fax:**
(833) 256-1665 or (202) 690-7442; or
12. **email:**
Program.Intake@usda.gov

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HOW TO APPLY FOR FREE SPECIAL MILK

Please use these instructions to help you fill out the application for free Special Milk. You only need to submit one application per household, even if your children attend more than one school in Tuscaloosa County and City Schools. The application must be filled out completely to certify your children for free Special Milk. 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 Holy Spirit Catholic School, jmitchell@holyspirit-al.com, (205) 553 - 9630.

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			
<p>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.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • 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 Holy Spirit Catholic School, regardless of age. 			
<p>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.</p>	<p>B) Is the child a student at Holy Spirit Catholic School? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Holy Spirit Catholic School. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>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.</p>	<p>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.</p>

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 Special Milk:

- The Supplemental Nutrition Assistance Program (SNAP) or Alabama SNAP.
- Temporary Assistance for Needy Families (TANF) or Alabama 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: (800) 382-0499.
- Go to **STEP 4**.

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

Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/Child Support	
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust
Pensions/Retirement/All other sources of income		
<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household		

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) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

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	Household size			Categorical Eligibility			Eligibility			
	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual		Free	Reduced	Denied	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	Date					Confirming Official's Signature	Date		Verifying Official's Signature	Date

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 eligibility 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 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: <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	FAX:	(833) 256-1665 or (202) 690-7442; or program.intake@usda.gov	EMAIL:	
				*Do not mail applications to this address, only complaints of discrimination.	

Return completed form to your child's school.

This institution is an equal opportunity provider.