Printed name of adult signing the form

Application #: 2022-2023 Application for Free and Reduced Price School Meals

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

Today's date

Available online at: Bright Beginnings Learning Center

ESCNJ.US - Must be printed, completed and sent in to the school office

STEP 1 LIST ALLER	ousehold Members who are infants, anildren	n and students up to and includin	e Grade 12 (l'impre spaces arch	equired for additional names, at	tach another sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more Information.	Child's First Name	MI Child's Last Name	[press spacebar to advance]	School Name (Abbr.) Grade	Student attends this school district? Yes No Child Runaway. A Run
	Hollschold Members (in altiding Volu) cum If you answered NO > Complete STEP 3. If Incomplicity A Letholus Enolg Manipage	you answered YES > Write a case nun	nber here then go to STEP 4 (Do not co	omplete STEP 3) Case Number:	rite only one case number in this space.
Are you unsure what income to include here? Filp the page and review the charts tilled "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 All Adult Household Members section.	A. Child Income Sometimes children in the household earn or receive Household Members listed in STEP 1 here. B. All Adult Household Members (including List all Household Members not listed in STEP 1 (including for each source in whole dollars (no cents) only. If the Name of Adult Household Members (First and Last) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e income. Please include the TOTAL income gryourself) Studing yourself) even if they do not receive ey do not receive income from any source How often? eminings from Work Weekly Bi-Weekly 2x Month is a summing from Work Weekly Bi-We	me received by all se income. For each Household Member e, write '0'. If you enter '0' or leave any fie Child Support/Alimony Shoothy \$	How often? Weekly Bi-Weekly 2x Month Pensions/Rel All Other Inco \$ Check if no SSN	otal gross income (before taxes) that there is no Income to report. How often? Weekly Bi-Weekly Zx Month Monthly OOO OOO OOO OOO OOO OOO OOOO OOOO O
"I certify (promise) that all informati	(Children and Adults) Prin P	nderstand that this information is given in connec			
Street Address (if available)	Apl#	City	State Zip	Daytime Phone and Email (optional)	

Signature of adult

Sources of Income for Children			
Sources of Child Income	Example(s)		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		
- 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		
-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		

Earnings from Work	Public Assistance /	Pensions / Retirement /
- Salary, wages, cash 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, FSSA or privatized housing allowances) - Allowences for off-base	Alimony / Child Support - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	All Other Income - Social Security (including 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

We are required to ask for information about your children's race and ethnicity. This in Responding to this section is optional and does not affect your children's eligibility for 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 spehalf 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, 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. Braille, large print, audiotape, American Sign Language, êtc.), 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, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online 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: mail civil rights complaints only to: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or 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 Eligibility: How often? Total Income Weekly Bi-Weekly 2x Month Monthly Annual Household Size Reduced Denied Categorical Eligibility Date Date Confirming Official's Signature Verifying Official's Signature Date Determining Official's Signature