## Apply online: www.aslacademy.com

## 2021-2022 Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL I	Household Members who are infants, childr	en, and st	udent	s up to a	ınd inclı	uding g	rade 1	2 (if m	ore spaces	s are req	uired 1	for add	itional r	names,	attach a	nother	sheet	of pa	iper)	
Definition of <b>Household</b>	Child's First Name		МІ	Child's	Last Na	ame								G	rade	Stu Yes	dent? No			Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares																				Tuliawa
income and expenses, even if not related."																		pply		
Children in <b>Foster care</b> and children who meet the																		Check all that apply		
definition of Homeless, Migrant or Runaway are																		eck all		
eligible for free meals. Read How to Apply for Free and																Ш			Ш	
Reduced Price School Meals for more information.																				
STEP 2 Do any H	ousehold Members (including you) currentl	ly participa	ite in	one or m	ore of t	he follo	wing a	assista	ance progr	ams: SN	AP, T	ANF, or	FDPIR	?						
												aaa Nii								
	If NO > Go to STEP 3. If YES	> Write a	case	number h	ere then	go to S	TEP 4 <u>(</u>	(Do <u>not</u>	complete S	TEP 3)	C	ase Nu	mber:		,	Write only	one cas	se nun	nber in th	nis space
STEP 3 Report Inc	come for ALL Household Members (Skip this s	step if you a	ınswe	red 'Yes'	' to STEF	P 2)														
														How	often?					
	A. Child Income  Sometimes children in the household earn or rece	eive income.	Pleas	e include t	he TOTA	AL incom	e receiv	ved by a	all	(	Child inco	ome	Weekl	y Bi-Weekly	2x Month	Monthly				
	Household Members listed in STEP 1 here.									\$				0	$\circ$	0				
Are you unsure what	B. All Adult Household Members (includ List all Household Members not listed in STEP 1	ling yourse (including yo	<b>elf)</b> ourself)	even if the	ey do not	t receive	income	e. For ea	ach Househo	old Membe	er listed	l, if they	do receiv	e income	e, report t	otal gros	s incon	ne (be	fore tax	æs)
income to include here?	for each source in whole dollars (no cents) only. I	If they do not	t receiv	receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certif  How often?  How often?								fying (promising) that there is no income to report.  Pensions/Retirement/ How often?								
Flip the page and review the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from	Work	Weekly	Bi-Weekly 2		nthly		lic Assistance/ d Support/Alimor	Neekly		ly 2x Monti	Monthly		ensions/Ret II Other Inco		Weekly			nth Monthl
information.	!	\$		0	$\bigcirc$	0 (	$\circ$	\$			0	$\circ$	$\circ$	\$			0	0	0	0
The "Sources of Income for Children" chart will		\$		0	$\bigcirc$	0 (	C	\$		0	0	0	0	\$			0	0	0	0
help you with the Child Income section.		\$		0	0	0 (	C	\$		0	0	0	0	\$			0	0	0	0
The "Sources of Income for Adults" chart will help		\$			0	0 (		\$			0	0	0	\$			0	0	0	0
you with the All Adult Household Members section.		s			0	0 (	$\overline{}$	\$			0	0	0	\$				0	0	
		Last Four Dia	ito of S	Casial Sasu	urita e Nicosah	how (SSNI)	of.	` <u> </u>												
		Last Four Dig Primary Wage						X	( X X	XX				Check	if no SSN					
STEP 4 Contact in	nformation and adult signature. Return Fo	orm To: 62	0 Lor	nas Blvd	. Albua	uerque	. NM 8	7102												
	on on this application is true and that all income is reported.								ot of Federal fu	nde and the	at school	l officials	may verify	(check) th	e informati	on Iama	ware tha	at if I nu	rnoselv (	give.
	lose meal benefits, and I may be prosecuted under applicab				i is giveii ii	ii comiecu	OII WILII L	ne receip	or or rederation	rius, ariu tri	at 5011001	TOTICIAIS	iliay verily	(CHECK) III	e illioillati	on. rama	ware tria	it ii i pt	ii poseiy (	jive
Street Address (if available)	Apt #	City					State		Zip		D	aytime F	Phone an	d Email (	optional)					
Printed name of adult signing	the form	Signatur	e of ac	tult							To	oday's d	ate							

Sources of	income for Children			
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 bonuses	- Unemployment benefits - Worker's compensation	- Social Security (including railroad
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	Net income from self- employment (farm or business)  If you are in the U.S. Military:	Supplemental Security     Income (SSI)     Cash assistance from     State or local     government	retirement and black lung benefits) - Private pensions or disability benefits - Regular income from
-Income from person outside the househo	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	Alimony payments     Child support payments     Veteran's benefits	trusts or estates - Annuities - Investment income
-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	<ul> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments</li> <li>from outside household</li> </ul>
OPTIONAL Children's Racial and E	Ethnic Identities			
ace (check one of more).	Latino Not Hispanic or Latino			tion for program information (e.g. Brail
Americal American Ame	Latino Not Hispanic or Latino In Indian or Alaskan Native Asian  Act requires the information on this application. You do we cannot approve your child for free or reduced price cial security number of the adult household member who all security number is not required when you apply on a lutrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household ocial security number. We will use your information to did price meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules.  Department of Agriculture (USDA) civil rights regulations	Persons with disabilities who required large print, audiotape, American Sapplied for benefits. Individuals withrough the Federal Relay Servavailable in languages other than To file a program complaint of different (AD-3027) found online at: office, or write a letter addressed form. To request a copy of the coust of USDA by:	iire alternative means of communical Sign Language, etc.), should contact tho are deaf, hard of hearing or have rice at (800) 877-8339. Additionall English.  Iiscrimination, complete the USDA Introduced the USDA and provide in the letter all of amplaint form, call (866) 632-9992. Signiculture at Secretary for Civil Rights Avenue, SW 250-9410	tion for program information (e.g. Braille t the Agency (State or local) where the e speech disabilities may contact USD, y, program information may be mad Program Discrimination Complaint filing_cust.html, and at any USDA
thnicity (check one): Hispanic or ace (check one or more): Americal American Americal Americal Americal Americal Americal Americal Americal American Americal American America	Latino Not Hispanic or Latino In Indian or Alaskan Native Asian  Act requires the information on this application. You do we cannot approve your child for free or reduced price cial security number of the adult household member who all security number is not required when you apply on Nutrition Assistance Program (SNAP), Temporary Food Distribution Program on Indian Reservations your child or when you indicate that the adult household ocial security number. We will use your information to do price meals, and for administration and enforcement of your eligibility information with education, health, and determine benefits for their programs, auditors for help them look into violations of program rules.  Department of Agriculture (USDA) civil rights regulations employees, and institutions participating in or discriminating based on race, color, national origin, sex,	Persons with disabilities who requal required for benefits. Individuals with rough the Federal Relay Servavailable in languages other than I To file a program complaint of Germ, (AD-3027) found online at: office, or write a letter addressed form. To request a copy of the coust of the Assistant of the Assistant Augusta 1400 Independence Indep	iire alternative means of communical Sign Language, etc.), should contact tho are deaf, hard of hearing or have rice at (800) 877-8339. Additionall English.  Iiscrimination, complete the USDA Introduced the USDA and provide in the letter all of amplaint form, call (866) 632-9992. Signiculture at Secretary for Civil Rights Avenue, SW 250-9410	tion for program information (e.g. Braille t the Agency (State or local) where the e speech disabilities may contact USD y, program information may be mad Program Discrimination Complaint filing_cust.html, and at any USDA of the information requested in the
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