

Dear Parent or Guardian:

Children need healthy meals to learn and Bulloch County Schools offer healthy meals every school day. Breakfast is free for all students; PK-5 students may purchase lunch for \$2.25; and Middle & High students in grades 6 – 12 may purchase lunch for \$2.50. Your children may qualify for free meals or for reduced price meals. Reduced price for lunch is \$.40 for all grades. To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application attached to this letter. **Return the completed application to your child's school cafeteria manager, or you may mail it to: Bulloch County School Nutrition Program, 18201 US Highway 80 West, Statesboro, GA 30458. Telephone: 912-212-8620. A secure drop box is available at the same location. Below are some common questions and answers to aid in the process of determining your child's eligibility. YOU MUST PAY FOR YOUR CHILD'S MEALS UNTIL THE APPLICATION HAS BEEN APPROVED. Your child will receive a notification letter when your application is approved or denied. PLEASE RETAIN THIS LETTER FOR FUTURE REFERENCE AND DOCUMENTATION.**

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from **SNAP** or **TANF**, are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on the chart located on the back of the application.
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 meals, please call **912-212-8620 and speak with Megan Blanchard**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meal 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 your child's school cafeteria manager or cashier.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? 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 **Megan Blanchard, 18201 US Highway 80 West, Statesboro, GA 30458, 912-212-8620** immediately.
5. CAN I APPLY ONLINE? Yes. You are encouraged to complete an online application instead of a paper application if you are able. It has the same requirements and will ask for the same information as a paper application. Follow the link from the Bulloch County BOE Website page, or visit myschoolapps.com
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 9/13/22. 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 or reduced price meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. 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 and reduced price meals 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: **Troy Brown, Assistant Superintendent of Business Services, Bulloch County Board of Education, 18201 US Highway 80 West, Statesboro, GA 30458, Phone 912-212-8620.**
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 or reduced price meals.
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. 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.
15. 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 **your child's school cafeteria to receive a second application.**
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-877-423-4746.

If you have other questions or need help, call 912-212-8620 for more information.

Sincerely,

Megan Blanchard, School Nutrition Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. **You only need to submit one application per household, even if your children attend different schools in the Bulloch County School System.** The application must be filled out completely to certify your children for free or reduced price school meals. 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 the School Nutrition Office at 912-212-8620.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
<p>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 school meals:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP). • Temporary Assistance for Needy Families (TANF). • The Food Distribution Program on Indian Reservations (FDPIR). 			
<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 1 blank and go to STEP 2. 		<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • 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 your local Department of Family and Children's Services. • Go to STEP 2. List all household members and then skip Step 3. 	
STEP 2: LIST ALL HOUSEHOLD MEMBERS INCLUDING INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us who lives 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 any Bulloch County school, <u>regardless of age</u>; • All adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u>. <p>Do NOT include:</p> <ul style="list-style-type: none"> • People who live with you but are not supported by your household's income AND do not contribute income to your household. 			
<p>A) List each household member's name. Print each member's name. Use one line of the application for each member. If there are more household members than available lines on the application, attach a second piece of paper with all required information for the additional members. Check 'Yes' or 'No' under the Student Box for each member.</p>	<p>B) Is the child a student in Bulloch County? If you marked 'Yes' under the student column, write the student's ID# (if you know it) in the 'ID Column', and 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 2, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> 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 <u>complete all steps of the application.</u></p>
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
<p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report. • Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> ○ Gross income is the total income received BEFORE taxes. ○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. • Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated. • Mark how often each type of income is received using the check boxes to the right of each field. 			
3.A. REPORT INCOME EARNED BY CHILDREN			
<p>A) Report all income earned or received by children. Report the gross income for ALL children listed in STEP 2 in your household in the box marked "Child Income/Pensions/Social Security/Retirement/All other income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p>What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
3.B. REPORT INCOME EARNED BY ADULTS			
<p>Who should I list here?</p> <ul style="list-style-type: none"> • When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u>. • Do NOT include: <ul style="list-style-type: none"> ○ People who live with you but are not supported by your household's income AND do not contribute income to your household. 			
<p>B) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>C) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>		<p>D) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>
STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE			
<p>A) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 2. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p> <p>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</p>			
<p>B) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>C) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>D) Return the Completed Form to: Your child's school cafeteria, or it may be mailed or delivered to the School Nutrition Office, 18201 US Highway 80 West, Statesboro, GA 30458 for quicker processing.</p>	<p>E) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>
STEP 5: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)			
<p>Share children's racial and ethnic identities (optional). On the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>			

2022-2023 GEORGIA Application for Free and Reduced Price School Meals (Bulloch County)

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

You may go to School Nutrition at www.bulloch.k12.ga.us for links to apply for benefits online. Please allow up to 10 days for processing.

DO NOT WRITE IN THE SPACE BELOW

Family Application #

STEP 1:	If any member of your household receives SNAP (FORMERLY FOOD STAMPS) OR TANF OR FDPIR , please indicate which by checking the box and provide the name and case number for the person who receives the benefits. EBT card numbers and Medicaid numbers are NOT ACCEPTABLE case numbers. If no one receives these benefits, list all household members in Step 2, and complete Household Income in Step 3.	<input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> FDPIR		Name: _____	
		CASE NUMBER	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		

STEP 2:	Household Names: List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed. If any child is a foster child, homeless, migrant, a runaway, check the appropriate box and contact 912-212-8620.	STEP 3:	Report income for ALL Household Members (Skip this step and proceed to STEP 4 if someone in your household receives benefits in STEP 1) All blank fields will certify there is no income to report.
----------------	---	----------------	---

List <u>EVERYONE</u> in household. LIST ALL Children First, then adults Give First Name, MI, Last Name List Income next to the person's name who earns/receives the income.	Check all that apply for each child listed				Student ID # (If known)	Grade	Birthday (for STUDENTS only)	School List name of School each child attends, or "NA" if not in school	Earnings from work - before deductions (in whole dollar amount)	How often?				Public Assistance/ Child Support/ Alimony (in whole dollar amount)	How often?				Child Income/ Pensions/ Social Security/ Retirement/ All other income (in whole dollar amount)	How often?			
	Student		Foster	Homeless, Migrant, Runaway						Weekly	Bi-Weekly	2 times per Month	Monthly		Weekly	Bi-Weekly	2 times per Month	Monthly		Weekly	Bi-Weekly	2 times per Month	Monthly
	Yes	No																					
FIRST NAME-MIDDLE INITIAL-LAST NAME									\$					\$					\$				
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4: SIGNATURE AND LAST FOUR (4) DIGITS OF ADULT SOCIAL SECURITY NUMBER: (Adult household member MUST sign and date.)

If income is listed in Step 3, the adult signing the form must also list the last four digits of his or her Social Security Number or check the "I do not have a Social Security Number box". (See Statement on the Instruction Sheet.)

"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."

Total Household Members
(Children and Adults)

XXX-XX-

I do not have a Social Security # ☐

Signature of Adult completing the form

Print name of Adult completing the form

Last four digits of Social Security Number of primary wage earner or other adult household member

Home Mailing Address -- City, State, Zip

Email Address: (By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

County

Home Phone

Cell Phone

Today's Date

STEP 5: CHILDREN'S RACIAL and ETHNIC IDENTITIES (Optional)

We are required to ask for information about your children's race and ethnicity. This information 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.

Check One
Ethnic Identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race
(Check one or more)

- ☐ Asian ☐ White ☐ Black or African American ☐ Other
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

STOP!

DO NOT FILL OUT THIS SECTION.

This part is for SCHOOL USE ONLY.

STOP!

Household Size _____ OR Categorical Eligibility <input type="checkbox"/>	Annual Income Conversion	Weekly x 52 Every 2 Weeks x 26	Twice a Month x 24 Monthly x 12	Eligibility Determination Reason, if denied: 	Approval Signature		Date	
	Total Income \$ _____				Determining Official's Signature			
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2 times per month <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Year				Confirming Official's Signature			
					Verifying Official's Signature			

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR School Year 2022-2023			
Household Size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person	+ \$8,732	+ \$728	+ \$168

Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages.
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net 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 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 	<ul style="list-style-type: none"> 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 from outside household

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 on 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 or 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:

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.