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 more than one school in Whitehall-Coplay School District. 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 Christa Christine (610) 782-9861.

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

STEP 1: LIST ALL CHILDREN IN SCHOOL IN THE HOUSEHOLD.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. 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.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FDPIR?

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle ‘NO’ and proceed to STEP 3 on these instructions and STEP 3 on your application.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle ‘YES’ and provide the case number. You only need to write one case number. You must provide a case number on your application if you circled ‘YES’. Skip to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

A) LIST EACH HOUSEHOLD MEMBER (including yourself and students listed in Part 1) even if they do not receive income.

B) REPORT TOTAL INCOME for each household member listed. Report total income and how often it is received from Work, Public Assistance/Child Support/Alimony, and Pensions/Retirement/All Other Income. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write ‘0’. If you write ‘0’ or leave any income fields blank, you are certifying (promising) that there is no income to report.

- What if I am self-employed? If you are 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.

C) REPORT TOTAL HOUSEHOLD SIZE. Enter the total number of household members in the field “Total Household Size (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 3. 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 determines your income cutoff for free and reduced price meals.

D) PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. The household’s primary wage earner or another adult household member must provide the last four digits of his/her 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.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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 at the bottom of these instructions.

A) 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 it helps us reach you quickly if we need to contact you.

B) SIGN AND PRINT YOUR NAME. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) WRITE TODAY’S DATE. In the space provided, write today’s date in the box.

D) SHARE CHILDREN’S RACIAL AND ETHNIC IDENTITIES (OPTIONAL). At 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.

Privacy Act Statement: This explains how we will use the information you give us.

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 the 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, or where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDAG Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6135 (Spanish). USDA is an equal opportunity provider and employer.
2015-2016 Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application
Complete one application per household. Please use a pen (not a pencil).

STEP 1 — All Children in School in the Household

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>F</th>
<th>H</th>
<th>M</th>
<th>R</th>
<th>HS</th>
</tr>
</thead>
</table>

STEP 2 — Assistance Programs
Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Circle one: Yes / No
If you answered NO > Complete STEP 3. If you answered YES > Write the case number

STEP 3 — All Household Member Income (Skip this step if you answered ‘Yes’ in STEP 2)
List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write ‘0’. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First and Last)</td>
<td>Earnings from Work How Often? Public Assistance / Child Support / Alimony How Often? Pensions / Retirement / All Other Income How Often?</td>
</tr>
</tbody>
</table>

STEP 4 — Contact Information and Adult Signature
"I certify (promised) 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."
Printed name of adult completing the form
Signature of adult completing the form
Today’s Date

Street Address (if available) City State ZIP Code
Home Phone Number Work Phone Number Email

OPTIONAL — Children’s Racial and Ethnic Identities

Ethnicity (check one):
Hispanic or Latino
Not Hispanic or Latino

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