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# INSTRUCTIONS FOR APPLYING

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], [State TANF], OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List only household members and the name of each child's school (if known).  
**Part 2:** List the case number for any household member (including adults) receiving [State SNAP],[State TANF], or [FDPIR] benefits.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 5:** Answer this question if you choose.

Turn the form in at your school or the district food service office located at 40 Orange Street; St. Augustine, FL 32084.

**IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP], [State TANF], OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.  
**Part 2:** Skip this part.  
**Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.  
**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to fill in Part 3.  
**Part 5:** Answer this question if you choose.

Turn the form in at your school or the district food service office located at 40 Orange Street; St. Augustine, FL 32084.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**if all children in the household are foster children:**

- Part 1:** List all foster children and the school's name for each child. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 5:** Answer this question if you choose.

Turn the form in at your school or the district food service office located at 40 Orange Street; St. Augustine, FL 32084.

**if some of the children in the household are foster children:**

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.  
**Part 2:** Skip this part.  
**Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.  
**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he does not have one).  
**Part 5:** Answer this question if you choose.

Turn the form in at your school or the district food service office located at 40 Orange St. Augustine, FL 32084.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **Student Services at 904-547-7500**  
**Part 2:** Skip this part.  
**Part 3:** Follow these instructions to report total household income from this month or last month.
  - **Section 1-Name:** List all household members with income.

• **Section 2 –**

- **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
- **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
- **Income received from welfare, child support, and alimony:** List the amount each person received.
- **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
- **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

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 2024-2025			
Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	+9,953	+ 830	+ 192

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he does not have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

**Part 5:** Answer this question if you choose.

Turn the form in at your school or the district food service office located at 40 Orange Street; St. Augustine, FL 32084.

**2024-2025**

**FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>								
Names of <u>all</u> household members (First, Middle Initial, Last) <i>A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU</i>	Date of birth	School	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
			Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS**  
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**  
 NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD NUMBER) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. **RECORD EACH INCOME ONLY ONCE.**

1. NAME (LIST <b>ONLY</b> HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																				
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200	X				\$150		X			\$0					\$0					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
 An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

*I certify (promise) that all information on this application is true, and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \*\*\* - \*\*\* - \_\_\_\_\_  I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs?  No  Yes

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**\*\*\*\*\*DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY\*\*\*\*\***

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for denial or withdrawal: \_\_\_\_\_  **Check if Error Prone Application**

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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 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, 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/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:*

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

*This institution is an equal opportunity provider.*

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received