2024-2025 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, chil	dren, and students up to and including grade 12	if more spaces are required for additional name	es, attach 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	Child's First Name	MI Child's Last Name		Grade Yes No Child Runaway
Meals for more information.				
STEP 2 Do any H		ntly participate in one or more of the following as: S > Write a case number here then go to STEP 4 (Do	0	
		120		Write only one case number in this space.
STEP 3 Report Inc	come for ALL Household Members (Skip thi	s step if you answered 'Yes' to STEP 2)		
	Household Members listed in STEP 1 here.	eceive income. Please include the TOTAL income received		/eekiy 2x Month Monthly
Are you unsure what income to include here?		uding yourself) 1 (including yourself) even if they do not receive income. F /. If they do not receive income from any source, write '0'. I How often?		
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from Work Weekly Bi-Weekly 2x Month Monthly	Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	All Other Income Weekly Bi-Weekly 2x Month Monthly
information.		\$ 0000		\$ 0000
The "Sources of Income for Children" chart will help you with the Child Income section.		\$ 0000		\$ 0000
The "Sources of Income			0 0 0 0	\$ 0000
for Adults" chart will help you with the All Adult				\$ 0000
Household Members section.				\$ 0000
	Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	X X X X Characteristics Charac	eck if no SSN
STEP 4 Contact in	nformation and adult signature. Mail Co	mpleted Form To: Diocese of Owensboro 600 Lo	cust Street Owensboro, KY 42301	
alse information, my children may	lose meal benefits, and I may be prosecuted under applic	able State and Federal laws."		
treet Address (if available)	Apt#	City State	Zip Daytime Phone and Em	nail (optional)
rinted name of adult signing t	the form	Signature of adult	Today's date	

Lincome from any other sources, spanic or Latino A child reserves scaller increases from a part of the control	NSTRUCTIONS	Sources of Income						
- Earnings from work - Social Security - Disability Payments - Survivor's Benefits - Parent is disabled and receives Social Security benefits - Parent is disabled, refired, or deceased, and their child receives Social Security benefits - Parent is disabled, refired, or deceased, and their child receives Social Security benefits - Parent is disabled, refired, or deceased, and their child receives Social Security benefits - Parent is disabled family member and their child receives Social Security benefits - Parent is disabled and income from self-engloyment (fam or business) - Parent is disabled and freely self-engloyment (fam or business) - Parent is disabled and receives Social Security benefits - Parent is disabled and receives Social Security benefits - Parent is disabled and receives Social Security benefits - Parent is disabled and receives Social Security benefits - Parent is disabled and receives Social Security benefits - Parent is disabled and receives Social Security benefits - Parent is disabled family member and the control of the security new form of the security of the security of the security number of the adult household member and security of the security number of the adult household member and the security of the security number of the adult household member and the security of the security number of th		Sources	of Income for Ch	ildren		S	ources of Income for Ad	dults
where they earn a salary or wages - Social Security - Disability Payments - Survivor's Benefits - A child is billind or disabled and receives Social Security - Disability Payments - Survivor's Benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child receives Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and their child received Social Security benefits - Post of Units and	Sources	of Child Income		Example(s)		Earnings from Work		Pensions / Retirement / All Other Income
Disability Payments - Disability Payments - Survivor's Benefits - A Parent is disabled refered, or deceased, and the control of the first child receives Social Security benefits - A Parent is disabled, refered or exceeded family member we are required to ask for information about (Volumental Payment) - A child receives Social Security benefits - A parent is disabled, refered or exceeded family member we are required to ask for information about (Volumental Payment Payment) - A child receives Social Security benefits - A parent is disabled or exceeded family member we are required to ask for information about (Volumental Payment) - A child receives Social Security benefits - A parent in contain and does not affect your children's eligibility for free profession and does not affect your children's eligibility for free profession and and does not affect your children's eligibility for free profession and the set of the contained in the set of the formation, but if you do not, we cannot approve your benefit of pour payments with reduced price meals. You must include the last four digits of the social security number of the adult household member who gives the application. The last four digits of the social security number of the adult household member who gives the application. The last four digits of the social security number of the dult the adult household member who gives the application. The last four digits of the social security number is not required when you paybo on the fluor you list a Supplemental Number of the security number is not required when you apply on the fluor you list a Supplemental Number of the security number is not required when you apply on the part well as a fluored price of the security number is not required when you apply on the nature and date of an alleged civil rights violation. The compl	- Social Security - Disability Payments		where they earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and		•	3. 3.	- Worker's compensation	(including railroad
The Richard B. Russell National School Lunch Act requires the information on this application. The last four digits of the social security number: who give the information, but if you do not, we cannot approve your child for free or reduced price mests. You must induce the last four digits of the social security number: We will septically information to did region and security of the supplies (TANF) Program or Food Distribution Assistance Program (SNAP). The more rother behalf or subject the information of administration and enforcement of information and and thousands (RSCR) and the subjection of the social security number. We will use your information to determine flyour retire or with sequence with federal civil rights law and U.S. Department of Agriculture (USDA) will rights regulations and sex the information in spribited from the activation and with reduction, health, and mortifion programs to help them subset, but of a selection resistance or realized retired and several resistance or realized retired and several resistance or realized resistance or received with federal civil rights for warming the federal civil rights activity. Subsh National Statement conducts with federal civil rights law and U.S. Department of Agriculture (USDA) will rights regulations and sex this institution is problement from any may be made available in languages the federal civil rights law and U.S. Department of Agriculture (USDA) will rights regulations and sex this institution is problement from the resistance of the federal civil rights law and U.S. Department of Agriculture (USDA) will rights regulations and sex this institution is a problement from the resistance of the major and the realized resistance of the resistance					employment (farm or	Income (SSI) - Cash assistance from	benefits) - Private pensions or	
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Responding to this section is optional and does not affect your children's eligibility for free of the Notice Series of the Strike benefits and the st							- Alimony payments	
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 of the adult household member who signs the application. The last four digits of the social security number or or during the social security number of the repair of social security number or or during the social security number or or during the social security number of the required when you apply on the social security number or or during the social security number or or during the social security number of the repair of the social security number of the social security number or or during the social security number of the social security number or or during the social security number or or during the social security number or or during the social security number of the social security number or or during the social security number or or during the social security number of social security number of the social security number of social security number of the social security number of social security number of the socia	-Income from an Ethnicity (check o	ny other source ispanic ne):				FSSA or privatized housing allowances) ackAllowancesion Alfrhancean	- Strike benefits	Earned interestRental income
Total Income Conversion: vveekiy x 52, Every 2 vveeks x 20, Twice a Month x 24 Month x 12 Eligibility: How often? Weekly Bi-Weekly 2x Month Monthly Household Size Free Reduced Denied Categorical Eligibility Categorical Eligib	Assistance for Needy (FDPIR) case number member signing the adetermine if your child the lunch and breakfar nutrition programs to program reviews, and USDA Nondiscrimin cordance with federal ies, this institution is particularly and sexual tram information may be irrealternative means of the property of the program of t	r Families (TANF) Program r or other FDPIR identifier application does not have . d is eligible for free or redu ast programs. We MAY sh help them evaluate, fund, d law enforcement officials nation Statement civil rights law and U.S. E prohibited from discriminati orientation), disability, ag the made available in languof communication to obtai	n or Food Distribution Pro r for your child or when yo a social security number. uced price meals, and for iare your eligibility informa or determine benefits for to help them look into vice Department of Agriculture ing on the basis of race, or ie, or reprisal or retaliation uages other than English. In program information (e.	agram on Indian Reservations by indicate that the adult househo We will use your information to administration and enforcement atton with education, health, and their programs, auditors for plations of program rules. (USDA) civil rights regulations are color, national origin, sex (including for prior civil rights activity. Persons with disabilities whong., Braille, large print, audiotape,	old (A st. of Si o	ritten description of the alleged discription of the alleged discription of the alleged discription of automated to USDA by: ubmit your completed form or letter to be mail: U.S. Department of Agricultur ffice of the Assistant Secretary for Cit 400 Independence Avenue, SW (ashington, D.C. 20250-9410; b) fax: (833) 256-1665 or (202) 690-70; c) email: program.intake@usda.gov.	iminatory action in sufficient detail to an alleged civil rights violation. The b USDA by: re vil Rights	o inform the Assistant Secretary for Civ
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etermining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date	Total Income		Weekly Bi-Weekly 2x Month	Monthly Household Size			Free Reduced Denied	
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