2023-2024 Federal Programs Application

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Homeless, Student? Migrant, **Child's First Name** Foster Child's Last Name Grade Definition of Household Yes No Child Runaway Member: "Anyone who is living with you and shares income and expenses, even apply if not related." all that Children in Foster care and children who meet the definition of Homeless, Check a Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: If NO> Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) How often? A. Child Income Child income Weekly Bi-Weekly 2x Month Monthly Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) Are you unsure what income to include here? for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ Earnings from Work Child Support/Alimony the charts titled "Sources Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. \$ The "Sources of Income for Adults" chart will help vou with the All Adult Household Members section. Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Χ Χ XX Χ Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Contact information and adult signature. Mail Completed Form To: Anansi Charter School PO Box 1709 El Prado, NM 87529 "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." Street Address (if available) City State Zip Daytime Phone and Email (optional) Apt#

Today's date

Printed name of adult signing the form Signature of adult

Sources of Inc	ome for Children		
Sources of Child Income	Example(s)		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		
Social SecurityDisability PaymentsSurvivor'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 		
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money		
-Income from any other source	- 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			
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits 			
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 			

OPTIONAL	Children's Racial and Ethnic Identities	
	ed to ask for information about your children's race and ethnicity. This infor this section is optional and does not affect your children's eligibility for fre	rmation is important and helps to make sure we are fully serving our community. e or reduced price meals.
Ethnicity (check Race (check on	Amagican Indian an Alaskan Nativa Asian	Black or African American
not have to give the meals. You must incisigns the application behalf of a foster ch Assistance for Need (FDPIR) case number signing the determine if your chite lunch and break nutrition programs to program reviews, a In accordance with and policies, the US administering USD.	ussell National School Lunch Act requires the information on this application. You do e information, but if you do not, we cannot approve your child for free or reduced price helast four digits of the social security number of the adult household member who had the last four digits of the social security number is not required when you apply on hild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary hild Families (TANF) Program or Food Distribution Program on Indian Reservations her or other FDPIR identifier for your child or when you indicate that the adult household e application does not have a social security number. We will use your information to hild is eligible for free or reduced price meals, and for administration and enforcement of kfast programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules. Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, eprisal or retaliation for prior civil rights activity in any program or activity conducted or	Persons with disabilities who require alternative means of communication for program information (e.g. Braille large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.
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	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mont	Eligibility:
Total Income	Wookly Bi Wookly 2x Month Monthly Household Size	Free Reduced Denied

Total Income	Weekly Bi-Weekly 2x	Month Monthly	Household Size		Free Reduced Denied	
	0 0 (0	Categorical Eligil	bility	0 0 0	
Determining Official's Signature	Date		Confirming Official's Signature	Date	Verifying Official's Signature	Date