Sections in Yellow Must Be Completed for Application to be Accepted

Uplift Education , 2022-2023 Standard (Multi-Child) Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). family.titank12.com

This Box for School Use Only. Date Withdrawn:

	TAT':1 1	
216	Withdrawn:	

Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information. Step 1:

	ist ALL Housenoid Members each child's name.		, ,	•	Student A	tends School in istrict?		Optional: Student ID		Ch	eck all that app	oly.	
First	t Name	MI	Last Name		Yes	No	Grade	Number	Foster	Head Start	Homeless	Migrant	Runaway
1.													
2.													
3.												$\overline{\Box}$	
4.												П	
B. Pa	articipation in a Categorical P	Progra	i <mark>m</mark>										
•	If every child listed in Ste	p 1 is	a participant any one of	the following prog	rams— <u>Foster, Head</u>	Start, Homeless	, Migrant, or l	Runaway, skip S	tep 2 and com	plete Step	3.		
•	SNAP, TANF, or FDPIR: D	o any	Household Members (i	ncluding you) curr	ently participate in S	NAP, TANF, an	d/or FDPIR?						
	If No, complete Steps 2 ar	nd 3.	If Yes to SNAP/TANF	> Write the Eligibil				ace		, skip St	ep 2, and co	mplete Step	3.
	If Yes to FDPIR , check th	is box	a □, skip Step 2, and cor	nplete Step 3.	•	_	_						
Step 2:													
	ort Income for ALL Household M					indicate participat	on in FDPIR in	Step 1).					
	ast Four Digits of Social Secu	•			_			ck if no SSN					
	come for Adult Household Me												
<u>Li</u> w	<u>ist</u> all Household Members <u>not li</u> hole dollars only. <u>Indicate</u> the fre	sted in	<u> STEP 1</u> (including yourse v of income: W=Weekly F	lf) even it they do not E=Every 2 Weeks T=	. receive income . For ea Twice per Month M=	ach Household Me Monthly A=Annı	nber listed, if th ally If they do n	ey do receive inco ot receive income	me, report total	income (wi	thout deductio f vou enter 'O'	ns) for each s or leave any f	ource in ields blank
V	ou are certifying (promising) that	there	ia no income to report	z zwery z weeke, r	i wice per month, m	1,1011(111),11 1111114	my. If they do i	ot receive income	mom any board	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i jou circor o	or icu e arry i	crao bianic,
, ,		tiloro	is no income to report.										
,		there	is no income to report.					ons/Retirement/ Social					
,	Adult's First/Last Name (Do not include the income of childre this section. The income of children in 2C.)	en in	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Cl Support/ Alimony (Enter Amount)		Securi y Se		Frequency (Circle One)	(All Other Enter Amount)		equency rcle One)
-	Adult's First/Last Name (Do not include the income of childre this section. The income of children in 2C.) 1.	en in	Work Earnings		Support/ Alimony	Frequen	Security See (E) (E) (E)	Social ty/Supplemental curity Income	Frequency			(Ci	
- - -	Adult's First/Last Name (Do not include the income of childre this section. The income of children in 2C.) 1.	en in	Work Earnings (Enter Amount)	(Circle One) W-E-T-M-A W-E-T-M-A	Support/ Alimony (Enter Amount)	Frequen (Circle Or	Securi Ey Se Ee) (E	Social ty/Supplemental curity Income	Frequency (Circle One)	A \$		(Ci	rcle One)
- - -	Adult's First/Last Name (Do not include the income of childre this section. The income of children in 2C.) 1. 2. 3.	en in goes	Work Earnings (Enter Amount)	(Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A	Support/ Alimony (Enter Amount) \$ \$ \$	Frequen (Circle Oi W-E-T-M W-E-T-M W-E-T-M	Security See (E — A \$ —	Social ty/Supplemental curity Income nter Amount)	Frequency (Circle One) W-E-T-M W-E-T-M	A \$ A \$ A \$	Enter Amount)	(Ci W-E- W-E-	rcle One) T-M-A T-M-A T-M-A
- - - C. <u>In</u>	Adult's First/Last Name (Do not include the income of children in 2C.) 1. 2. 3. 1. 1. 1. 2. 2. 3.	ren in goes	Work Earnings (Enter Amount) \$ \$ \$ \$ I (Do not include adult in	(Circle One) W-E-T-M-A W-E-T-M-A W-E-T-M-A ncome. Do report an	Support/ Alimony (Enter Amount) \$ \$ \$ y type of regular income.	Frequen (Circle Oi W-E-T-M W-E-T-M W-E-T-M	Security	Social ty/Supplemental curity Income inter Amount)	Frequency (Circle One) W-E-T-M W-E-T-M are needed, us	A \$ A \$ A \$ See the Additional contents of the	Enter Amount)	(Ci W-E- W-E- W-E-s section on	T-M-A T-M-A the back.)
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Step 1:	Additional Names	_											
A. List	t ALL Household Members	Who Are	Infants, Children, and S	tudents up to and Inclu	ding Grade 12. <i>If more spa</i> Student Attend		the Additio		ember Sheet on	the back.			
List each child's name.					Distri		Optional: Student ID		Check all that apply		ly.		
First l	Name	MI	Last Name		Yes	No	Grade	Number	Foster	Head Star	t Homeless	Migrant	Runaway
5.													
6.													
7.													
8.													
9.													
Step 2:	Additional Names												
B. Inc	come for Adult Household Me	embers (Iı	nclude Yourself, But Not	Children)			D	(D-ti (
A	Adult's First/Last Name							ons/Retirement/ Social					
(t	(Do not include the income of ch this section. The income of child in 2D.)	ildren in ren goes	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Sec	ity/Supplemental curity Income nter Amount)	Frequency (Circle One		All Other (Enter Amount)	I ((requency Circle One)
	4.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M-		(Eliter Timount)		E-T-M-A
- 5	5.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M-	-A \$		W-I	E-T-M-A
,	6.		\$	W-E-T-M-A	\$	W-E-T-M-A	\$		W-E-T-M-	-A \$		W-I	E-T-M-A
	ome for Children in the Hous					n the household.)							
	cord total income by frequence 4.	cy for eacl	h child who receives reg	ılar ıncome listed in Ste	p 1.		\$	ekly Every \$	2 Weeks Tw	vice per Mor	nth Monthl \$	у \$	Annually
	5.						\$	\$	\$		\$	\$	
	6.						φ	φ	Ψ		Ψ	φ	
							ιD.		8		\$	35	
he Richar	d B. Russell National S	School	Lunch Act requires	the information on th	is application. You do no	ot have to give the	_ ^Φ e informat	ion, but if you d	o not, we can	not appro	\$ we your child fo	r free or re	duced price
neip tnem	d B. Russell National 9 must include the last four oster child or you list a Sup ther FDPIR identifier for ble for free or reduced price a evaluate, fund, or determ	nne ben	ents for their progran	is, auditors for progra	am reviews, and iaw enic	orcement omciais	s to neip tr	iem iook into vi	nations of pro	ogram rui	es.		
n accordance rigin, sex (i ersons with ocal agency	n evaluate, fund, or determ ce with federal civil right including gender identity h disabilities who require that administers the pro	s law an and sex alterna gram or	ents for their program d U.S. Department of cual orientation), disa tive means of commu- USDA's TARGET Ce	is, auditors for progra f Agriculture (USDA) ability, age, or reprisa anication to obtain pr anter at (202) 720-26	am reviews, and law end civil rights regulations d or retaliation for prior ogram information (e.g 00 (voice and TTY) or o	orcement omcials and policies, this civil rights activ g., Braille, large p contact USDA thr	s to neip the s institution wity. Progressint, audi- cough the	on is prohibited am information otape, America Federal Relay S	from discrim may be made Sign Langua ervice at (800	ogram rui ninating o e availabl age), shou)) 877-83	es. on the basis of r le in languages ald contact the i39.	ace, color, other than responsibl	national English. e state or
n accordance rigin, sex (i ersons with ocal agency to file a proget; https://uddressed to ecretary for	ce with federal civil right including gender identity h disabilities who require that administers the program discrimination concurve usada. gov/sites/defcor Civil Rights (ASCR) above Assistant Secretary for 6	s law and sext and sext alternation or applaint, and the containt out the n	ents for their program d U.S. Department o unal orientation), disa tive means of commu USDA's TARGET Ce a Complainant shoule //documents/USDA-the complainant's na lature and date of an	is, auditors for prograf f Agriculture (USDA) subility, age, or reprisa inication to obtain pr inter at (202) 720-26 d complete a Form A: DASCR P-Complaint- me, address, telepho alleged civil rights vi	um reviews, and law end civil rights regulation for prior ogram information (e.g. 00 (voice and TTY) or c D-3027, USDA Program Form-0508-0002-508 ne number, and a writte olation. The completed	and policies, this revivil rights active, Braille, large pontact USDA through Discrimination 11-28-17Fax2Men description of AD-3027 form of AD-3027 form of the civil reserved and secretary to the content of the conte	s to neip the sinstitution of the sile of the	nem 100k into vice on is prohibited am information otape, American Federal Relay Soft Form which com any USDA ced discriminator ust be submitte	from discrim a may be mad a Sign Langua ervice at (800 can be obtaine ffice, by callin y action in su d to USDA by	inating of a vailable age), shou of 877-83 and online of (866) of the control of	es. on the basis of r le in languages uld contact the 39. 632-9992, or b letail to inform uil: U.S. Depart	ace, color, other than responsibl y writing a the Assista ment of Ag	national English. e state or letter unt riculture.
o neip them in accordance rigin, sex (i ersons with ocal agency to file a proget: https://uddressed to ecretary for office of the pportunity	ce with federal civil right including gender identity h disabilities who require that administers the program discrimination community used. The letter must or Civil Rights (ASCR) above Assistant Secretary for Community provider.	s law any and sext alternate gram or applaint, a contain to but the n Civil Right	d U.S. Department or unal orientation), disative means of commutus USDA's TARGET Cear Complainant should be complainant's nature and date of an ants, 1400 Independents	is, auditors for prograf f Agriculture (USDA) sbility, age, or reprisa inication to obtain pr inter at (202) 720-26 d complete a Form A: DASCR P-Complaint- me, address, telepho: alleged civil rights vi ince Avenue, SW, Was	um reviews, and law end civil rights regulation for prior ogram information (e.g. 00 (voice and TTY) or constant of the consta	and policies, this revivil rights active, Braille, large pontact USDA through the pontact USDA through the policy of the policy	s to neip the sinstitution ity. Programmer, auditions the Complain [ail.pdf, from the alleger letter may 2) 690-74.	nem 100k into victor is prohibited ram information otape, American Federal Relay Soft Form which com any USDA cod discriminator ust be submitte 42; or (3) email	from discrim a may be made a Sign Langua ervice at (800 can be obtaine office, by calling y action in su d to USDA by:	inating of eavailable available age), shou by 877-83 ed online ng (866) officient dr::(1) matake@use	es. on the basis of rile in languages ald contact the 39. 632-9992, or betail to inform til: U.S. Depart da.gov. This in	ace, color, other than responsibl y writing a the Assista ment of Ag	national English. e state or letter unt riculture.
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