2023 - 2024 Delaware Prototype Meal Benefit Form

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

Total Household Members

(Children and Adults)

Check if no SSN

Definition of Household	Child's First Name	MI	Child's Last Name		Grade St Yes	udent? Homeles Foster Migran No Child Runaw
Member : "Anyone who is living with you and shares						
income and expenses, ever if not related."						T apply
Children in Foster care and children who meet the definition of Homeless,						Check all that apply
Migrant or Runaway are eligible for free meals. Read						Check
How to Apply for Free and Reduced-Price School Meals for more information						
STEP 2 Do any	Household Members (including you) curi	rently participate in	one or more of the following	g assistance programs: SNAP, TANF, or FDPIR	1?	
		, , , , , , , , , , , , , , , ,				
				Coco Number		
	If NO > Go to STEP 3.	YES > Write a case	number here then go to STEP	4 (Do not complete STEP 3) Case Number:	Write on	ly one case number in this space
			, , , , , , , , , , , , , , , , , , ,	4 (Do not complete STEP 3)	Write on	ly one case number in this space
STEP3 Report	If NO > Go to STEP 3. If No income for ALL Household Members (Skipt		, , , , , , , , , , , , , , , , , , ,	4 (Do not complete STEP 3)		ly one case number in this spac
STEP3 Report			, , , , , , , , , , , , , , , , , , ,	4 (DO not complete STEF 3)	How often?	ly one case number in this spac
STEP3 Report	Income for ALL Household Members (Skipt	this step if you answe	ered 'Yes' to STEP 2)	ceived by all	How often?	ly one case number in this spac
STEP3 Report	A. Child Income Sometimes children in the household earn o	this step if you answer	ered 'Yes' to STEP 2)	Child income Week	How often?	ly one case number in this spac
Are you unsure what	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STEP	chis step if you answer or receive income. Please cluding yourself) EP 1 (including yourself	ered 'Yes' to STEP 2) se include the TOTAL income rec f) even if they do not receive income	ceived by all Child income Week Serived by all Child income Week Child income	How often?	ess income (before taxes)
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STEP	chisstep if you answer or receive income. Please cluding yourself) EP 1 (including yoursel only. If they do not rece	ered 'Yes' to STEP 2) se include the TOTAL income rec f) even if they do not receive income	ceived by all Child income Week Some. For each Household Member listed, if they do receive '0'. If you enter '0' or leave any fields blank, you are ce Public Assistance/ How often?	How often?	ess income (before taxes)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STEP	chis step if you answer or receive income. Please cluding yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTAL income rec f) even if they do not receive incoive income from any source, write	ceived by all Child income Week The property of the propert	How often? by Bi-Weekly 2x Month Monthly continuous report total growtifying (promising) that the	ess income (before taxes) ere is no income to report.
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STE for each source in whole dollars (no cents) or	chis step if you answer or receive income. Please cluding yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTAL income rec f) even if they do not receive incoive income from any source, write How often?	ceived by all Child income Serived by all Child income Week Child income How of the child income Week How of the child income How of the child i	How often?	oss income (before taxes) ere is no income to report. How often?
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STE for each source in whole dollars (no cents) or	cluding yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTAL income rec f) even if they do not receive incoive income from any source, write How often?	ceived by all Child income Some. For each Household Member listed, if they do receive '0'. If you enter '0' or leave any fields blank, you are ce Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly	How often? Ity Bi-Weekly 2x Month Monthly Verincome, report total ground frifying (promising) that the Pensions/Retirement/ All Other Income	oss income (before taxes) ere is no income to report. How often?
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section.	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STE for each source in whole dollars (no cents) or	cluding yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTAL income rec f) even if they do not receive incoive income from any source, write How often?	ceived by all Child income Some. For each Household Member listed, if they do receive '0'. If you enter '0' or leave any fields blank, you are ce Public Assistance/ Child Support/Alimony Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly	How often? Ity Bi-Weekly 2x Month Monthly Verincome, report total ground friting (promising) that the Pensions/Retirement/ All Other Income \$	oss income (before taxes) ere is no income to report. How often?
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income	A. Child Income Sometimes children in the household earn o Household Members listed in STEP 1 here. B. All Adult Household Members (included in STEP) List all Household Members not listed in STE for each source in whole dollars (no cents) or	cluding yourself) EP 1 (including yoursel only. If they do not rece	se include the TOTAL income rec f) even if they do not receive incoive income from any source, write How often?	ceived by all Child income Serived by all Child income Child income Serived by all Serived by all Child income Serived by all Serived by all Child income Serived by all Ser	How often? ty Bi-Weekly 2x Month Monthly ve income, report total gror rtifying (promising) that the Pensions/Retirement/ All Other Income \$ \$	oss income (before taxes) ere is no income to report. How often?

Primary Wage Earner or Other Adult Household Member

STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

Address (if available)	Apt # City	State Zip	Daytime Phone and E	Email (optional)
d name of adult signing the form	Signature of adult		Today's date	
EP 5 DE State Children's Health Care I	Program			
DECHIP, call: 1-800-996-9969. IF YOU DO EP 6 [Insert District or School Name] TYES! School Nutrition Office may share	ny Free and Reduced-Price Meal Application shared NOT CHECK THIS BOX, YOUR INFORMATION V	VILL BE SHARED WITH MEDIC	AID AND/OR DECHIP.	
Sources of Income Sources of Income	come for Children		Sources of Income for Ad	lults
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work - Social Security	- A child has a regular full or part-time job 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 their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money	 Salary, wages, cash bonuses Net income from selfemployment (farm or business) 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 	 Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			 Earned interest Rental income Regular cash payments from outside househol
PPTIONAL Children's Racial and Ethn	ut your children's race and ethnicity. This infor	rmation is important and help e or reduced-price meals.	s to make sure we are fully se	erving our community.

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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, audiotape, 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/ad-3027.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

This institution is an equal opportunity provider.

Do not fill out	For School Use Only							
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 How often? Eligibility:								
Total Income			2x Month Mon	Household Size			Free Reduced Denied	
		0 0	0 (Categorical Elig	ibility	0 0 0	
Determining Official	s Signature	Date		Confirming Official	's Signature	Date	Verifying Official's Signature	Date