

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one or more):

- Hispanic or Latino
- Not Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

I do NOT want school officials to share information from my free and reduced-price meals application with La CHIP. Please sign here:

X Signature of Parent/Guardian _____ 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.

Non-Discrimination Statement in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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; or fax: (202) 690-7442; email: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS Sources of Income

| SOURCES OF INCOME FOR CHILDREN | | SOURCES OF INCOME FOR ADULTS | |
|--|---|--|---|
| Sources of Child Income | Examples(s) | Public Assistance/ Alimony/ Child Support | Pensions/Retirement/All Other Income |
| Earnings from work | A child has a regular full or part-time job where they earn a salary or wages | Unemployment benefits | Social Security (including railroad retirement and black lung benefits) |
| Social Security Disability Payments Survivors Benefits | A child is blind or disabled and receives Social Security benefits | Worker's Compensation | Private pensions or disability benefits |
| Income from person outside the household | A parent is disabled, retired, or deceased, and their child receives Social Security benefits | Supplemental Security Income (SSI) | Regular income from trusts or estates |
| Income from any other source | A friend or extended family member regularly gives a child spending money | Cash assistance from state or local government | Annuities |
| | A child receives regular income from a private pension fund, annuity or trust | Alimony payments | Investment Income |
| | | Child Support Payments | Earned Interest |
| | | Veteran's Benefits | Rental Income |
| | | Strike Benefits | Regular cash payments from outside household |

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

| | | | | | | | | |
|--------------|--------|-----------|---------|----------|----------------|-------------|---------|--|
| Total Income | Weekly | Bi-Weekly | Monthly | Annually | Household Size | Eligibility | | Categorically Eligible? <input type="checkbox"/> |
| | | | | | | Free | Reduced | |

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Verifying Official's Signature _____ Date _____