

2021-2022 Knox County Schools Application for Free and Reduced Price School Meals

Complete one application per household. Please use black or blue ink pen (not a pencil).

To Apply Online: www.LunchApplication.com

STEP 1 List ALL Knox County students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Students in Foster care and students who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Student's First Name	MI	Student's Last Name	Grade	Student ID Number

FOSTER CHILD

HOMELESS MIGRANT RUNAWAY

Check all that apply

OPTIONAL Student's Racial and Ethnic Identities

We are required to ask for information about your student'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 student's eligibility for free or reduced price meals.

Ethnicity (check one):

Hispanic/Latino

Not Hispanic/Latino

Race (check one or more):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, FAMILIES FIRST?

Circle one: **Yes / No**

If you answered **NO** > Complete STEP 3

If you answered **YES** > Write a case number

Case Number:

← Write only one case number in this space

STEP 3 Report Income for ALL Household Members that were not included in Step 1 (Skip this step if you answered 'Yes' to STEP 2)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

The Sources of Income for Children section will help you with the Student Income question. The **Sources of Income for Adults** section will help you with the Household Members section.

A. Student Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Total Student income \$

How Often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. List all Household Members not listed in STEP 1 (including yourself and non school age children) even if they do not receive income.

For each Household Member listed, if they do receive income, report total income for each source in whole dollars 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.

Name of Household Members (Print First and Last Name)	Earnings from Work	How Often?				Public Assistance/ Child Support/Alimony	How Often?				Pensions/Retirement/ All Other Income	How Often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **XXX - XX -**

Check if no SSN

STEP 4 Contact information and adult signature

"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 child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Street Address (if available)

Apt #

City

State

Zip

Printed name of adult completing the form

Daytime Phone

Signature of adult completing the form

Today's Date

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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.