2022-23 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Bainbridge Island School District #303 **Apply online:** Skyward Family Access

Cł	omplete, sign, and return this applic heck here if you received meal bene . List all students living with you th	efits la	st year:							,		J		•	"x" in	the a	pprop	oriate	_	Homel onclude		_		igrant come	
	received by the student and mak		_							,	Ü	ŕ		,, 5							, ,				
	Student's Last Name Student's First Name			ne		MI Ster Date			Birth				School Grad		Grade	!	Student Income		Weekly	Bi-weekly	2 X Month	Monthly			
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2.	<u></u>															ase ni	ımbe	r. It n	o, go to	Step	3.				
_	Basic Food	_						_	on Indian Re					Case Number:									—		
3.	 List the names of all other house leave the income sections blank 				-			-	id CHECK no	w oft	en it i	s rece	ived.	if a nousehold me	mbei	does	not r	eceiv	e incon	ie, wr	rite U.	If yo	u ent	er u o	r
	Names of ALL other household members (do not include students listed	Foster	Earnings from work (before any	Weekly	Bi-weekly	2 X Month Monthly		Public Assistance/ Child Support/		Weekly	Bi-weekly	X Month	Monthly	Pensions/ Retirement/ Social Security		Bi-weekly	2 X Month	Monthly No		Any Other Income Not Already		Weekly	Bi-weekly	X Month	Monthly
	above)		deductions)		Ш	2		,	Alimony			2		(SSI)		L.	2		L	Listed		ļ	Ш	2	
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4.	. Total Household Members (inclu	ıde all	l people living in y	our h	ousel	nold):			Las	t Fou	r Digit	s of S	ocial	Security Number (SSN)	of			Che	eck if r	no SSI	 N: □			
5.	(total listed must equal number of	of hou e – Co o ation o	sehold members li mplete, sign, and i on this application	isted a r eturr is tru	above this e and	e) applic I that a	all inc	ome i	Prir ny School Of s reported.	nary fice o unde	Wage r Dist erstan	Earno rict Of d that	er or fice - t this	Other Household I 8489 Madison Ave information is give	Viemb NE, I n in c	oer Bainbi onned	tion v	with t	d, WA 9 the rece	98110 eipt of	feder	al fun			t
Ī	Printed Name of Adult Household Member					Adult Household Member Signature							E-mail Address												
ı	Mailing Address						(Citv. 9	State & Zip C	ode				Davti	me P	hone				Date					

			quired to ask for informatio					portant and helps r	nake sure w	e are full
-	one or more racial identities	_	dian or Alaska Native	Asian	ingibility for free & rec	iuceu-price mea	Mark one ethni	ic identity:		
IVIAIRO	nie of more racial identities	<u> </u>	ican American	=	Hawaiian or Other Pac	ific Islander	Hispanic or	<u></u>		
		☐ White	ican / inchedit	Native	Trawanan or Other rue	ine isianaei	☐ Not Hispan			
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orice meals. when you a ndian Rese will use you nformation	. You must include the last pply on behalf of a foster chrvations (FDPIR) case numb r information to determine	four digits of the social secunild or you list a Supplement or or other FDPIR identifier if your child is eligible for fr	rmation on this application. Irity number of the adult hou Itial Nutrition Assistance Program Iting for your child or when you in Iting ee or reduced-price meals, a Iting them evaluate, fund, or det	usehold men ram (Basic Fondicate that and for admi	nber who signs the app bod), Temporary Assist the adult household m nistration and enforcer	lication. The las ance for Needy I ember signing th nent of the lunc	t four digits of the Families (TANF) P ne application doe h and breakfast p	e social security nui rogram or Food Dis es not have a social rograms. We MAY	mber is not r tribution Pro security nun share your e	required ogram on nber. We eligibility
	•	•	Agriculture (USDA) civil right: ility, age, or reprisal or retali	•	•	tution is prohibit	ed from discrimin	nating on the basis	of race, colo	r, nationa
orint, audio		age), should contact the resp	an English. Persons with disa consible state or local agency							
nttps://www addressed t Secretary fo	w.usda.gov/sites/default/fil o USDA. The letter must co or Civil Rights (ASCR) about 1	es/documents/USDA-OASC ntain the complainant's nan the nature and date of an al	complete a Form AD-3027, U R%20P-Complaint-Form-050 ne, address, telephone numb leged civil rights violation. The e Avenue, SW, Washington,	8-0002-508- per, and a wi ne complete	11-28-17Fax2Mail.pdf, itten description of the d AD-3027 form or lett	from any USDA e alleged discrim er must be subm	office, by calling in inatory action in hitted to USDA by	(866) 632-9992, or sufficient detail to i mail: U.S. Departm	inform the A nent of Agric	ssistant
Γhis institut	ion is an equal opportunity	provider.								
Bainbridge I	sland School District's Non-	-Discrimination Statement								
orientation	, gender expression, gen	der identity, disability, or t	programs or activities on he use of a trained dog gu r, Erin Murphy at emurphy	iide or servi	ce animal and provid					
			SCHOOL USE ONLY	– DO NOT W	RITE BELOW THIS LINE					
ANNUA	AL INCOME CONVERSION: V	Weekly x 52; Bi-Weekly x 26;	Twice per month x 24; Mon				ne unless househ	old reports multiple	e pay freque	ncies).
LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Income Household			Total Household Size Total Household Income	\$		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
APPLICATI	ON APPROVED FOR:	Free Meals Reduced-Price Meals	APPLICATION DENIED BE	CAUSE:	☐ Income Over Allo☐ Incomplete/Missi		Other:			

Date

Signature of Approving Official

Date Notice Sent