2023-2024 Cobb County School District Household Application for Free and Reduced-Price School Meals

STEP 1

Complete one application per household. Please use a pen (not a pencil). Or fill out online at: https://www.cobbk12.org/foodservices/page/47586/family-meal-application-information

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household	Child's First Name		MI	Child's Last Name				Grade	Student? Yes No	Homeless, Foster Migrant, Child Runaway
Member: "Anyone who is living with you and shares income and expenses, even										
if not related."										t apply
Children in Foster care and children who meet the definition of Homeless ,										Check all that
Migrant or Runaway are eligible for free meals. Read										Chec
How to Apply for Free and Reduced Price School Meals for more information.										
STEP 2 Do any H	lousehold Members (including you) curre	ently participa	ate in	one or more of the foll	owing assista	ance program	ns: SNAP, TANF, or FDPIR?			
	If NO > Go to STEP 3. If YI	ES > Write a	a case	e number here then go to S	STEP 4 (Do not	t complete STE	Case Number:			
							,	W	rite only one cas	e number in this space.
STEP 3 Report Inc	come for ALL Household Members (Skip th	is step if you a	answe	ered 'Yes' to STEP 2)				How often?		
	A. Child Income Sometimes children in the household earn or i	receive income.	. Pleas	se include the TOTAL incon	ne received by a	all	Child income Weekly		onthly	
	Household Members listed in STEP 1 here.				,		\$ 0	0 0 (
Are you unsure what income to include here?	B. All Adult Household Members (incl List all Household Members not listed in STEF for each source in whole dollars (no cents) onl	1 (including yo	ourself	f) even if they do not receive	e income. For e	ach Household	Member listed, if they do receive	income, report to	tal gross incom	e (before taxes)
Flip the page and review	for each source in whole dollars (no cents) on			How often?	Pub	olic Assistance/	How often?	Pensions/Retire	ment/	How often?
the charts titled "Sources of Income" for more information.	Name of Adult Household Members (First and Last)	S Earnings from	n Work	Weekly Bi-Weekly 2x Month N	onthly Chil	ld Support/Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Incom	e Weekly	Bi-Weekly 2x Month Monthly
The "Sources of Income		\$		0 0 0) \$		0 0 0 0	\$		0 0 0
for Children" chart will help you with the Child Income section.		\$		0 0 0	O \$			\$		0 0 0
The "Sources of Income for Adults" chart will help		\$		0 0 0) \$ \$			\$		0 0 0
you with the All Adult Household Members		\$		0 0 0) \$ 		0 0 0 0	\$		0 0 0
section.							0 0 0 0	Ψ		0 0 0
	Total Household Members (Children and Adults)	-	-	Social Security Number (SSM ner or Other Adult Household	,	x x x	x x	Check if no SSN		
STEP 4 Contact in	oformation and adult signature. Email c	ompleted for	rm to	o: Meals@cobbk12.org	or Mail com	pleted form to	o: 6975 Cobb International	Blvd. Kennesa	aw, GA 30152	2
	ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under appli				tion with the receip	pt of Federal funds	, and that school officials may verify (check) the information	n. I am aware that	if I purposely give
. , ,										
Street Address (if available)	Apt#	City			State	Zip	Daytime Phone and	Email (optional)		
Printed name of adult signing	the form	Signatur	re of a	adult			Today's date			

Sources of Income for Children					
Sources of Child Income	Example(s)				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages				
- Social Security - Disability Payments - Survivor's Benefits	 - 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 				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income		
 Salary, wages, cash bonuses Net income from self- employment (farm or business) 	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits		
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	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	 Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 		

OPTIONAL	Children's Racial and	Ethnic Identities
OFTIONAL	Cililaren 5 Kaciai anu	Eurinc identities

Responding to this section is optional and does not affect your children's eligibility for fr	
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander White
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	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 Si 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.
behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary	To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program

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.

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.

Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

U.S. Department of Agriculture mail:

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(833) 256-1665 or (202) 690-7442; or fax:

program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Or	nly				
Annual Income Conversion: Weekly	x 52, Every 2 Weeks x	26, Twice a Month x 24 Monthly x 12		Eligibility:	
Total Income		onthly 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

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS 2023-2024

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Cobb County School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please email Meals@cobbk12.org with your question(s) or call: (770) 426-3380.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement or qualify as homeless, migrant, or runaway youth;
- Students attending Cobb County School District, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Cobb County School District? Mark "Yes" or "No" under the column titled "Student" to tell us which children attend Cobb County School District. If you marked "Yes", write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to STEP 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact:
- Your local assistance office or call 1-800-423-4746 or online: www.https:dfcs.georgia.gov
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

Do NOT include:

- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Infants, children, and students already listed in STEP 1.

B) List adult household members'
names. Print the name of each household
member in the boxes marked "Names of
Adult Household Members (First and
Last)." Do not list any household members
you listed in STEP 1. If a child listed in
STEP 1 has income, follow the
instructions in STEP 3, Part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that affects your eligibility for free and reduced-price meals.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony. only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

- A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you guickly if we need to contact you.
- B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."
- C) Email completed form to: Meals@cobbk12.org or mail completed form to FNS: 6975 Cobb International Blvd. Kennesaw, GA 30152
- D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.