How to Process Household Applications

Health and Nutrition Services
Arizona Department of Education

Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for **School Food Authorities (SFAs) operating the National School Lunch Program (NSLP)**. All regulations are specific to operating the NSLP under the direction of ADE.

Objectives

At the end of this training, attendees should be able to:

- certify free and reduced-price household applications in compliance with Federal regulations;
- understand the role of a determining official; and,
- understand the deadline for processing a submitted household application.

TRAINING HOURS

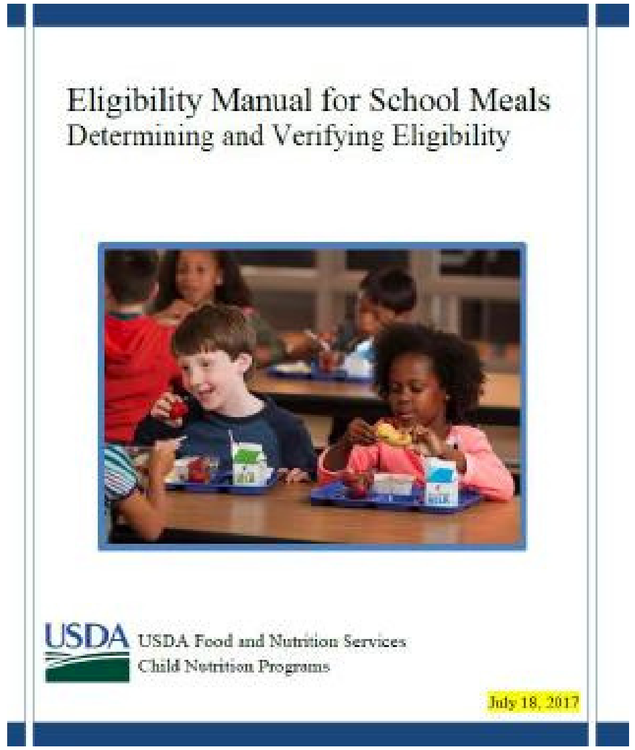
Information to include when documenting this training for Professional Standards:

Training Title: How to Process Household Applications

Key Area: 3000 - Administration

Learning Code: 3110

Length: 1.5 hours



The instruction within this Online Course is based on guidance from USDA's Eligibility Manual For School Meals, 2017.

It is recommended to review this manual in addition to reviewing this course for complete guidance on processing and verifying household applications.

Click here to access the manual.

Quiz Time

Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.

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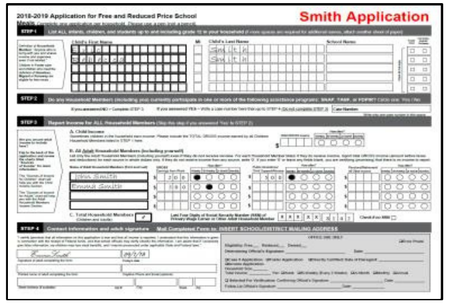
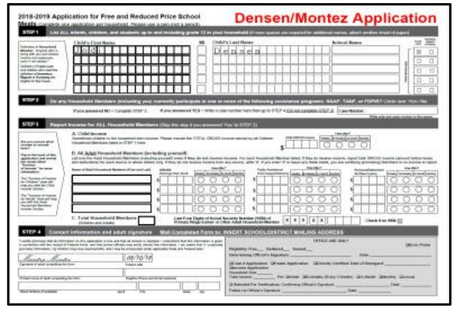
Handouts for Training

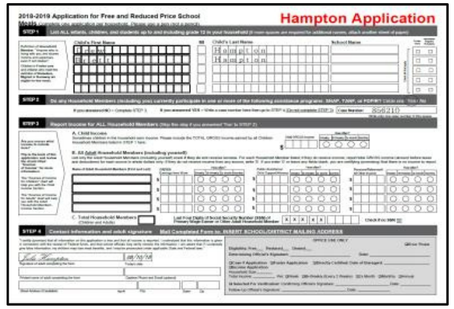
At this time, please print out the three sample household applications and the SY 24-25 Eligibility Guidelines*. These handouts are needed to complete this training.



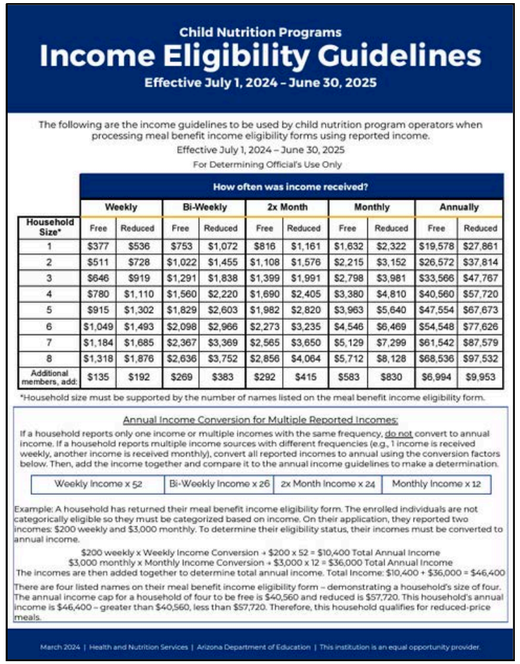
Smith Household Income Application



Densen/Montez Household Foster Application



Hampton Household Case Number Application



Child Nutrition Programs

Income Eligibility Guidelines

Effective July 1, 2024 – June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.
Effective July 1, 2024 – June 30, 2025
For Determining Official's Use Only

How often was income received?

Household Size*	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$377	$536	$753	$1,072	$816	$1,161	$1,632	$2,322	$19,578	$27,861
2	$511	$728	$1,022	$1,455	$1,108	$1,576	$2,215	$3,152	$26,572	$37,814
3	$646	$919	$1,291	$1,838	$1,399	$1,991	$2,798	$3,981	$33,566	$47,767
4	$780	$1,110	$1,560	$2,220	$1,690	$2,405	$3,380	$4,810	$40,560	$57,720
5	$915	$1,302	$1,829	$2,603	$1,982	$2,820	$3,963	$5,640	$47,554	$67,673
6	$1,049	$1,493	$2,098	$2,966	$2,273	$3,235	$4,546	$6,469	$54,548	$77,626
7	$1,184	$1,685	$2,367	$3,369	$2,565	$3,650	$5,129	$7,299	$61,542	$87,579
8	$1,318	$1,876	$2,636	$3,752	$2,856	$4,064	$5,712	$8,128	$68,536	$97,532
Additional members, add:	$135	$192	$269	$383	$292	$415	$583	$830	$6,994	$9,953

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: $200 weekly and $3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

$200 weekly x Weekly Income Conversion = $200 x 52 = $10,400 Total Annual Income
$3,000 monthly x Monthly Income Conversion = $3,000 x 12 = $36,000 Total Annual Income
The incomes are then added together to determine total annual income. Total Income: $10,400 + $36,000 = $46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is $40,560 and reduced is $57,720. This household's annual income is $46,400 – greater than $40,560, less than $57,720. Therefore, this household qualifies for reduced-price meals.

March 2024 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

SY 24-25 Income Eligibility Guidelines

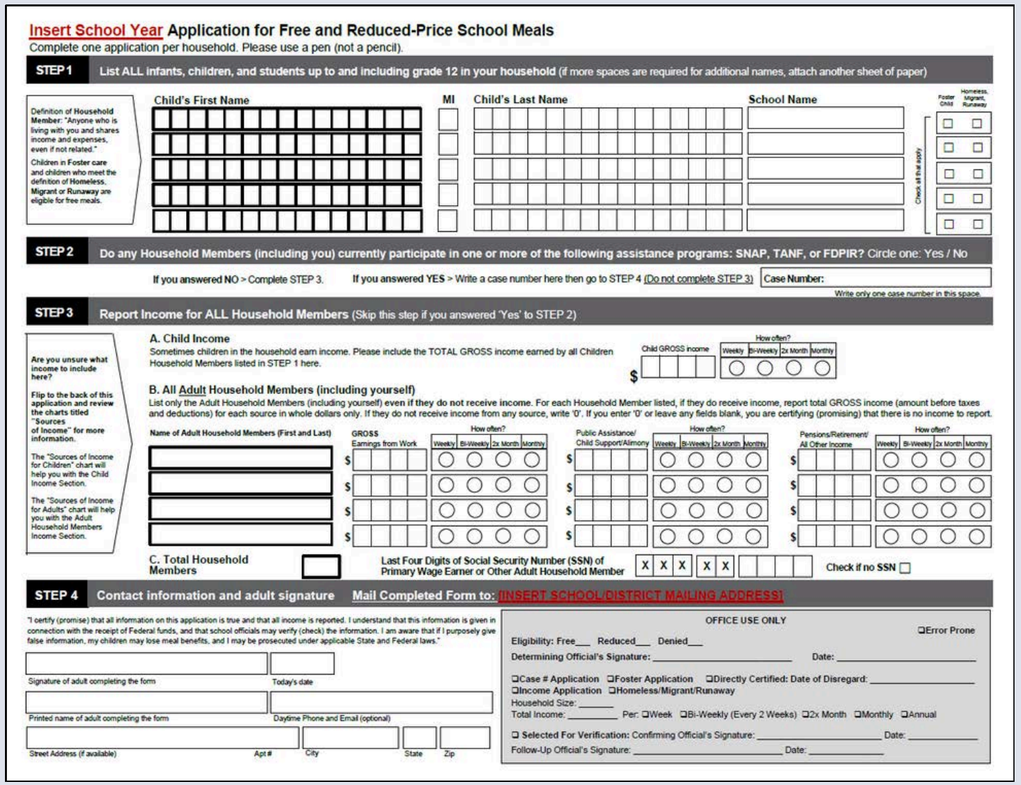
Note, the examples in this training are based on the Income Eligibility Guidelines for SY 24-25. The guidelines change annually but the steps of processing household applications remains the same. Ensure the Income Guidelines used while processing applications are for the current SY.

Introduction to Household Applications

SECTION 1

Household Applications

- Households that were not determined eligible for free or reduced-price meal benefits through direct certification should be provided a household application to apply for free or reduced-price meals.
- The information that the household reports depends on whether the children are eligible based on receipt of benefits from an Assistance Program, meeting the definition of a foster child, homeless, migrant, or runaway, or the student's household size and income.
- Only complete applications may be processed for meal benefits.



Insert School Year Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway (Check all that apply)

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? | Public Assistance/ Child Support/Alimony | How often? | Pensions/Retirement/ All Other Income | How often?

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

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Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Template Household Applications are available on HNS' NSLP & SBP Forms and Resources webpage - Eligibility Documents for School Meals.

Flow of Processing Household Applications

Household fills out household application. → School reviews application and makes sure required fields are complete → The determining official certifies the household for meal benefits and signs and dates the application. → School updates the student's meal benefits on the Benefit Issuance Document

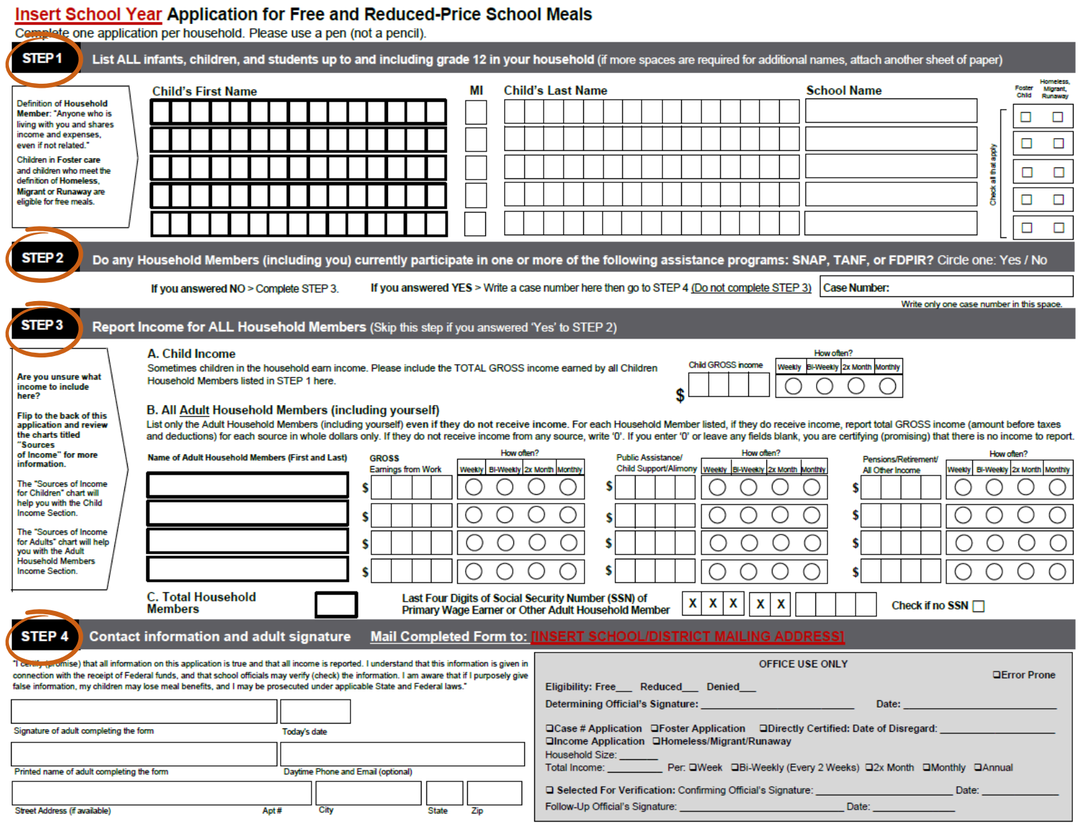
- **Determining Official**: An LEA official responsible for determining children's eligibility for free or reduced-price benefits.
- **Certification**: The process of assigning meal benefits to a child based on obtained documentation.
- **Benefit Issuance Document (BID)**: A list of all students and their assigned meal benefits based on eligibility documentation collected.

Household Applications

Households are instructed to apply for meal benefits by filling out certain parts of the two-page household application. Households will start with step 1. There are a total of 4 steps.

- **Step 1**: List ALL infants, children, and students in your household.
- **Step 2**: Do any Household Members participate in one or more of the following assistance programs: SNAP, TANF, FDPIR*?
- **Step 3**: Report Income for ALL Members (skip this if answered 'Yes' to STEP 2).
- **Step 4**: Contact information and adult signature.

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


Insert School Year Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway | Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:
Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?
Flip to the back of this application 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.
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A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? Weekly Bi-Weekly 2x Month Monthly | Public Assistance/ Child Support/Alimony | How often? Weekly Bi-Weekly 2x Month Monthly | Pensions/Retirement/ All Other Income | How often? Weekly Bi-Weekly 2x Month Monthly

C. Total Household Members
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X
Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date
Printed name of adult completing the form | Daytime Phone and Email (optional)
Street Address (if available) | Apt # | City | State | Zip

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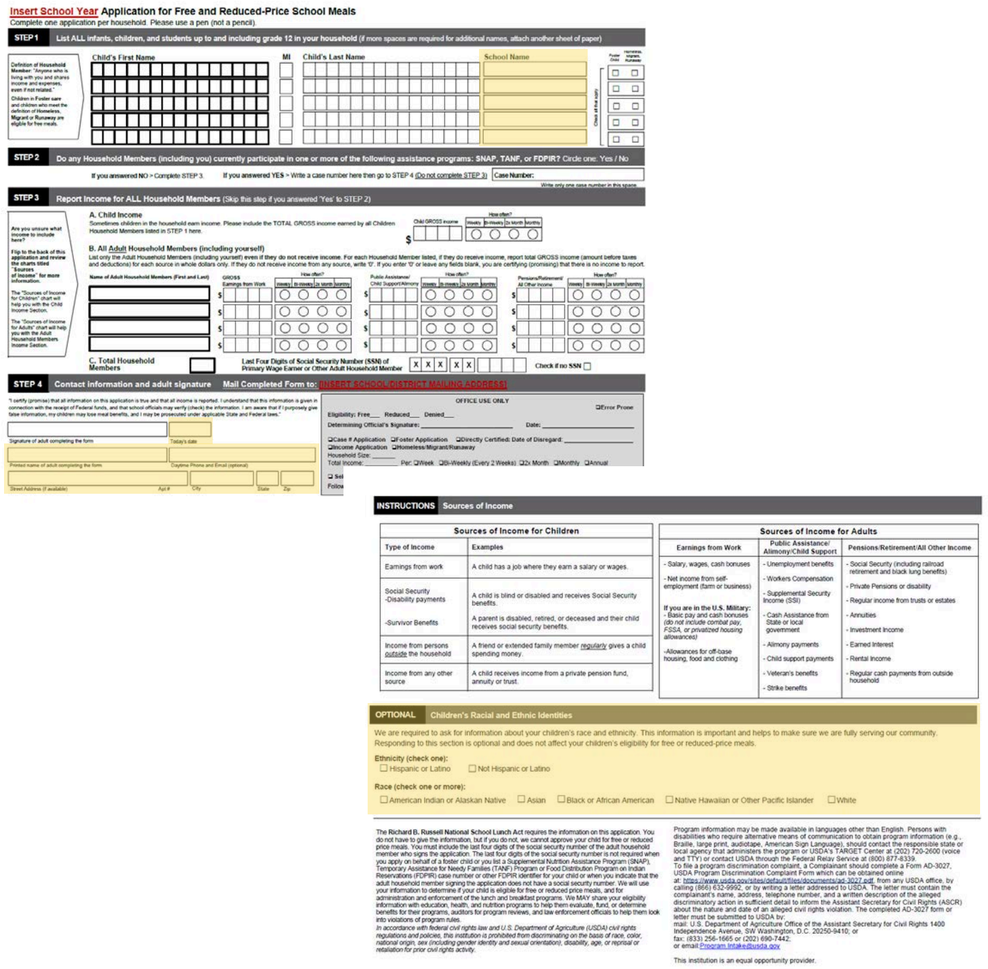
Eligibility: Free___ Reduced___ Denied___
Determining Official's Signature: _____ Date: _____
Case # Application Foster Application Directly Certified: Date of Disregard: _____
Income Application Homeless/Migrant/Runaway
Household Size: _____
Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual
Selected For Verification: Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

Optional Fields on Household Applications

Some fields on the household application are optional.

Optional Fields include:

- “School Name” in Step 1
- All fields in Step 4 *except* the field “*Signature of the adult completing the form*”
- “Children’s Racial and Ethnic Identities” on the back of the application



Insert School Year Application for Free and Reduced-Price School Meals

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

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway | Check if Free or Reduced

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip to the back of this application and review the charts titled "Sources of Income" for more information.

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A. Child Income

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

Child GROSS Income $ How often? Weekly | Bi-weekly | 2x/month | 3x/month

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? | Public Assistance/ Child Support/Alimony | How often? | Pensions/Retirement/ All Other Income | How often?

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X X X X Check if no SSN

STEP 4 Contact Information and adult signature Mail Completed Form to: INSERT SCHOOL DISTRICT MAILING ADDRESS

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

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Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

INSTRUCTIONS Sources of Income

Sources of Income for Children

Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor 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 persons outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults

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) 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 - Workers 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 - 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

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): ☐ 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 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:

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

or email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

Household Applications

Different parts of the application will be completed depending if the household is ***income-eligible*** or ***categorically eligible.***

- ***Income eligible*** means child(ren) who receive free or reduced-price meals because of their household size and household income.
  - Households will need to report all household members and their gross income on the application.

- ***Categorically eligible*** means a child who receives free meals because they participate or have been identified as a member of eligible programs (*i.e., SNAP, TANF, Medicaid, or FDPIR) or have been identified as foster, homeless, migrant, or runaway.
  - Households will not need to list their gross income. Still, they must report either a valid case number or mark the appropriate box (Foster, Homeless/Migrant/Runaway) to identify a student's category.

This How-To Guide will provide guidance on how to process both income-eligible applications and categorically eligible applications.

Determining Official

The ***determining official*** reviews each application to ensure that the household has submitted a complete application and will certify the application for meal benefits.

The determining official will:

- Determine an eligibility benefit based on the information provided on the application.
- Sign or initial and date each application, or sign and date a cover sheet attached to a batch of applications.

If processing electronic applications:

- A notation should be made to an electronic file.
- A computer system should be able to capture the original date of approval, the basis for the determination (for example, household size and income), and update the status of applications to account for transfers, withdrawals, terminations, and other changes.

Determining Official

On the Household Application for Free and Reduced-Price Meals, there is room for the determining official to sign and date in the lower right corner of the application in the space titled OFFICE USE ONLY.

OFFICE USE ONLY

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Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

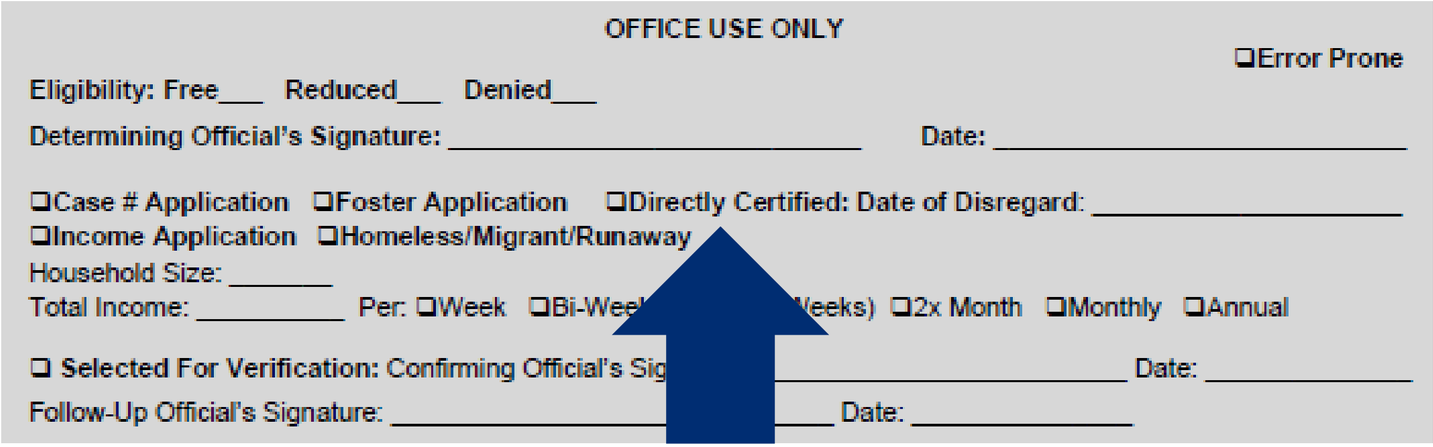
❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____
❑Income Application ❑Homeless/Migrant/Runaway
Household Size: _____
Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Directly Certified: Date of Disregard

The household application now includes a *Date of Disregard* in the *Office Use Only* section. The date of disregard should be used when all children listed on the application are determined categorically eligible through direct certification. SFAs are reminded that, per USDA, all applications must be retained and the date of disregard must be documented.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Eligibility: Free___ Reduced___ Denied___

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❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Wee eeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Sig _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Guidance on *Date of Disregard* is available in the USDA Eligibility Manual for School Meals pg. 64.

Determining Complete Applications

Any application that is missing **required** information contains inconsistent information, or is unclear is considered an *incomplete* application.

- Remember, since the household completes different parts of the application, a complete application **does not mean all fields have been completed**.

Households that submit an incomplete application cannot be approved and information must be obtained before an eligibility determination can be made. Every reasonable effort should be made to obtain the missing information prior to denying the application.

Obtaining Missing/Correct Information

The determining official *may*:

- Return the application to the household for the household to make the changes to the incomplete/inconsistent information.
- Contact the child's parent or guardian either by phone or in writing, including e-mail, to obtain the missing/correct information. The determining official will then note the updated information on the application and date and initial the entry.

The determining official *may not*:

- Sign the application for the parent or guardian. If a signature is missing, the application must be returned to the household for a signature.
- Complete the application for the household using information derived from other records available to the school. Any missing information on the application must be provided by the household.

Information Reported on Applications

Determining officials are to take the information reported by the household at face value when processing the following types of applications: income application, case number application, and foster application.

- *For example: If the household reported 11111111 as their case number, the determining official is simply responsible for ensuring the application is considered complete, not to verify that it is an active case number belonging to the household. (See the following slide)*
- *For example: If the household marked a child as Foster, the determining official is simply responsible for ensuring the application is considered complete, not to verify that the child meets the definition of Foster*

When a determining official receives an application that has identified a child as homeless, migrant, or runaway, the determining official must confirm the child's homeless, migrant, or runaway status.

- *For example: If the household marked a child as Homeless, Migrant, or Runaway, the determining official is responsible for confirming the child <u>does</u> meet the definition of homeless, migrant, or runaway.*

Questionable Applications and Reported Information

SFAs have an obligation to follow up on questionable and incomplete information when reviewing applications submitted for free and reduced-price meals. Before certifying children for benefits, the determining official should review the application for any discrepancies in the information provided. If a discrepancy is found, for example, the school is aware of another household member that was not included on the application, the determining official should:

- Seek clarification about the information provided to the household in a timely manner following the guidance on Slide 17.
- If seeking clarification was unsuccessful, the determining official must approve the application if all required fields are complete and then may verify for cause.

Guidance on Verification for Cause is available in the USDA Eligibility Manual for School Meals pg. 99.

Application Processing Time

Each program year, SFAs can distribute household applications *no sooner than July 1*.

Applications must be reviewed in a timely manner. SFAs must process applications within 10 operating days of the receipt of the application.

- As a best practice, applications should be date stamped to indicate the date they were received and processed immediately.

Although most fields may be beneficial, the SFA must not delay approval of the application if the household fails to provide any information that is not required. For example, if the household fails to include its street address, processing of the application cannot be delayed.

Benefit Issuance Document

All eligibility determinations should be recorded on a Benefit Issuance Document (BID). A BID is a list of all students at your site and their eligibility status.

The BID contains:

- first and last name of the student;
- the method used to determine their benefits (application, direct certification, etc.);
- the meal benefit status;
- and the date meal benefit status was determined.

For more information on the BID, please refer to the ADE HNS' Online Training Library to access the *Step-by-Step Instruction: How to Create a Benefit Issuance Document*.

How to Process Applications: Income Applications

SECTION 2

Steps for Processing Income Applications

1. Determine if the income application is complete.
2. Calculate income levels.
3. Use the correct school year's Income Eligibility Guidelines (IEGs) to determine meal benefits.
4. Assign free, reduced-price, or paid meal benefits for all enrolled students within the household; date and sign as determining official.

What is a Complete Income Application?

Households are instructed to complete Step 1, Step 3, and Step 4 of the household application. *A complete income application must provide:*

- Names of all household members and total number of household members;
- Amount, source, and frequency of current income for each household member;
- The last four digits of the Social Security Number of the household's primary wage earner or another household member, or an indication that the household member does not have a Social Security Number; and
- Signature of an adult household member.

Any application that is missing required information, contains inconsistent information, or is unclear is considered an incomplete application and may not be certified.

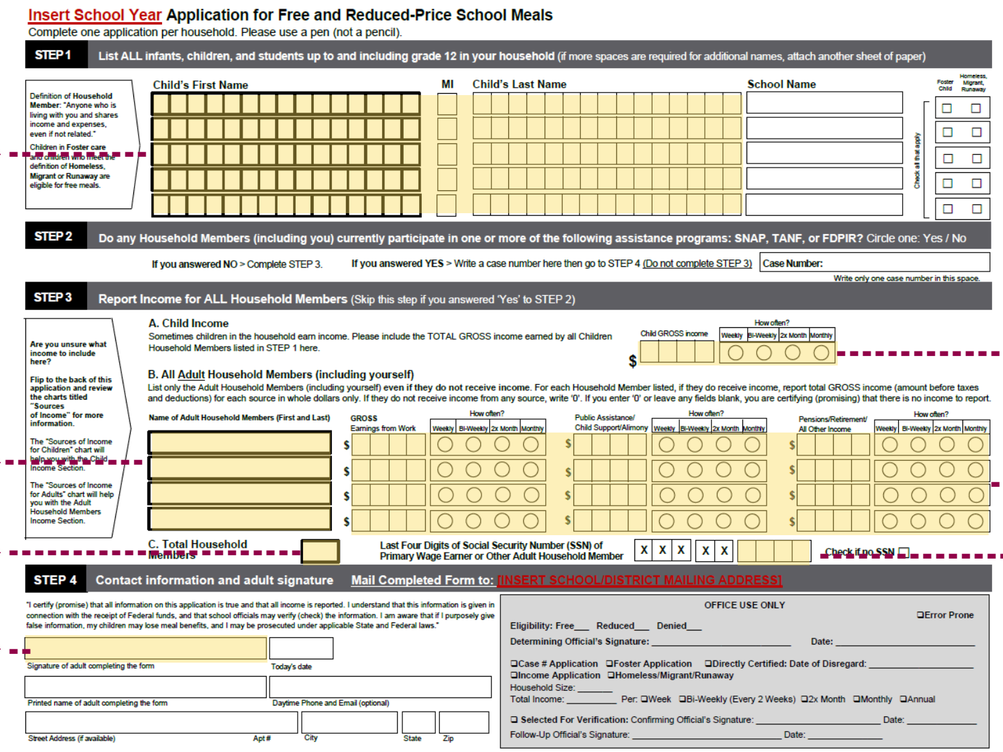
Diagram of a Complete Income Application

All children listed in the household

All adults listed in the household

The total number of household members, which matches the number of names listed on the application

Adult household member signature



Insert School Year Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who fit the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway | Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip to the back of this application 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. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | Public Assistance/ Child Support/Alimony | Pensions/Retirement/ All Other Income | How often? Weekly Bi-Weekly 2x Month Monthly

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY ❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Combined children income and frequency

All adult income and frequency

Last four digits of the Social Security Number, or an indication that the household member does not have one

List ALL Household Members

A complete income application must list all household members. Children and adults are listed separately.

- All infants, children, and students K-12 are listed in Step 1
- All adult household members are listed separately on Step 3

STEP 1 **List ALL infants, children, and students up to and including grade 12 in your household** (if more spaces are required for additional names, attach another sheet of paper)

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

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

B. All Adult Household Members (including yourself)

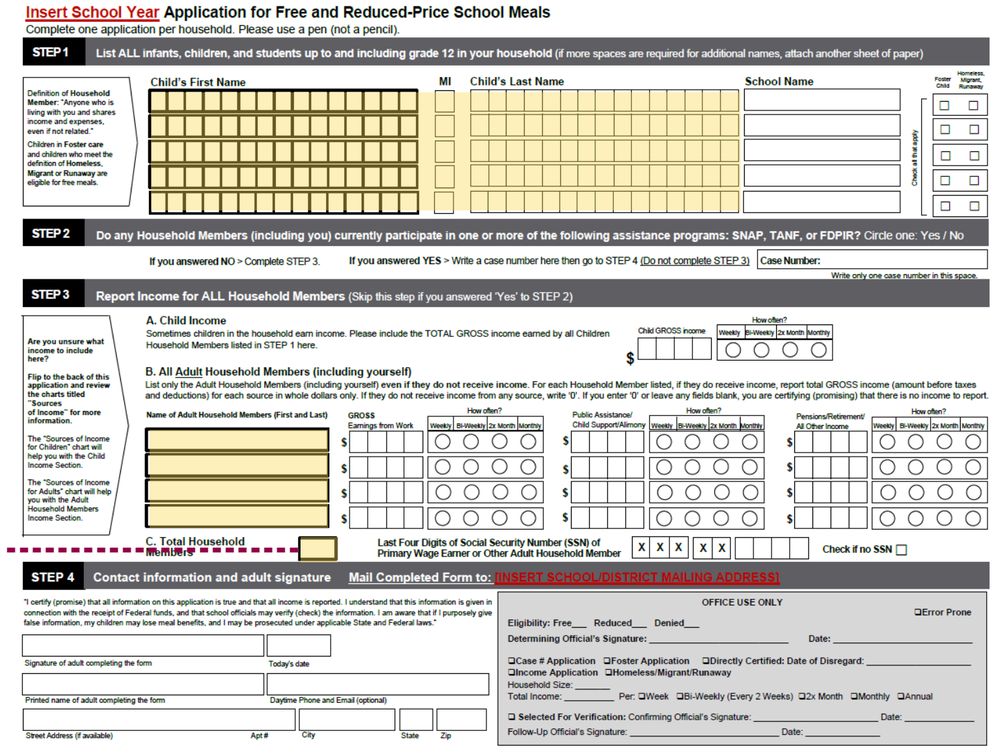
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members

An application is considered incomplete if the field *Total Household Members* in Step 3 is left blank or if the number of household members listed does not equal the total number of household member names provided. The determining official must ensure the household size reported matches what is reported on the application.

Example:
If one child was listed in Step 1 and one adult household member was listed in Step 3, the number 2 should be entered in the box, *Total Household Members.*



Insert School Year Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway (Check all that apply)

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? | Public Assistance/ Child Support/Alimony | How often? | Pensions/Retirement/ All Other Income | How often?

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY

Eligibility: Free___ Reduced___ Denied___ Error Prone

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

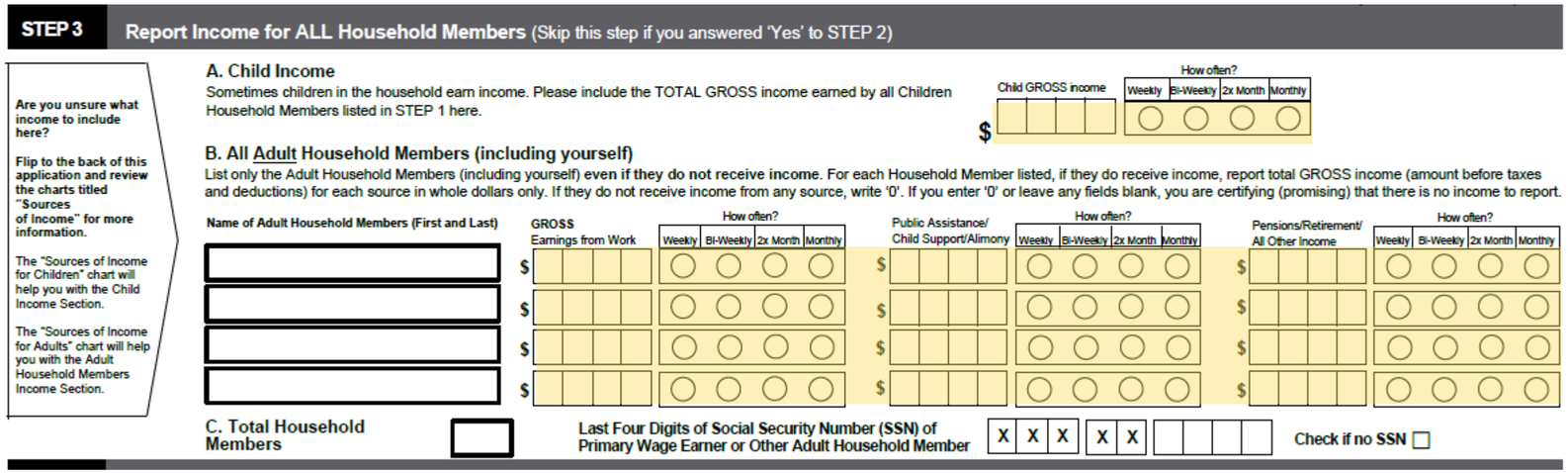
Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Reported Gross Income

All income is reported in Step 3 of the application. Children and adult income are listed separately.

- Income for children must be combined into a single income reporting field, as these individuals rarely have income to report.
- Income earned or received by adults must be identified with the individual who received it, as well as the source, such as wages or Social Security income.



STEP 3 **Report Income for ALL Household Members** (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ | How often? Weekly | Bi-Weekly | 2x Month | Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

Combined children income and frequency

All adult income and frequency

Reported Income

The household must provide their current income which is based on the most recent information available. This may be for the current month, the amount projected for the month for which the application is filled out, or for the month before applying for meal benefits.

- If the household's current income is not a reflection of income that will be available over the school year, the household should contact the SFA for assistance. The SFA would determine the amount and frequency of income available during the school year for households.

- Please note, that there are no prohibitions against annual income reporting on the household application. If a household provides only annual income, the SFA is **not** required to secure additional income information from the household.

Guidance on Annual Income/Special Situations is available in the USDA Eligibility Manual for School Meals pg. 25 as well as memo SP 19-2017.

Reported No Income

When no income is reported for any of the household members, the application is still considered complete. Zero income may also be indicated by writing in *zero* or *no income*, or *$0*.

The Household Application for Free and Reduced-Price Meals includes instructions in Steps 3 and 4 to communicate to households that any income field left blank is a positive indication that there is no income to report.

If local officials have knowledge or available information that a household has intentionally misreported its income by leaving the income fields blank, the SFA must verify the household's application for cause.

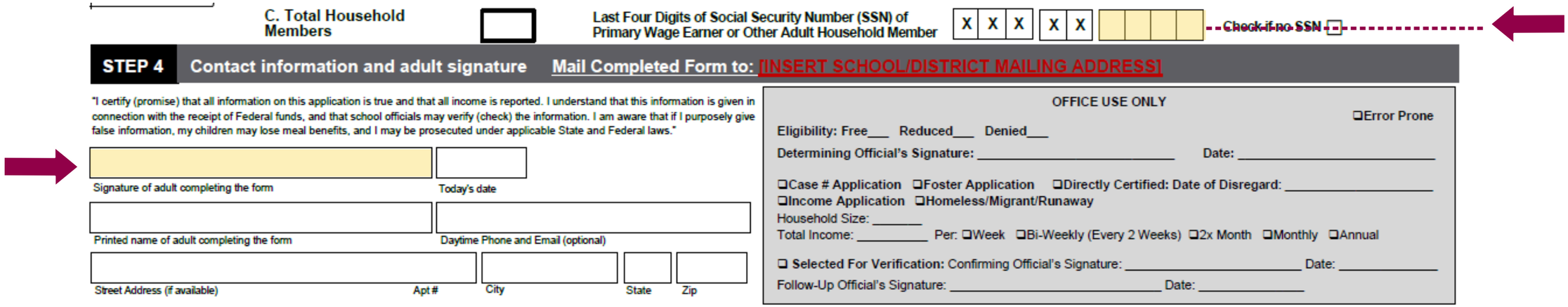
Guidance on Verification for Cause for Indication of No Income is available in the USDA Eligibility Manual for School Meals pg. 25.

Social Security Number and Adult Signature

In Step 3, the determining official must make sure that either the household provided the last 4 digits of their Social Security Number (SSN) or checked off the box *Check if no SSN*.

- Households are eligible to apply for benefits even if they do not have a Social Security Number.

In Step 4, all applications must be signed by an adult household member; it is optional to report their contact information.



C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form

Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

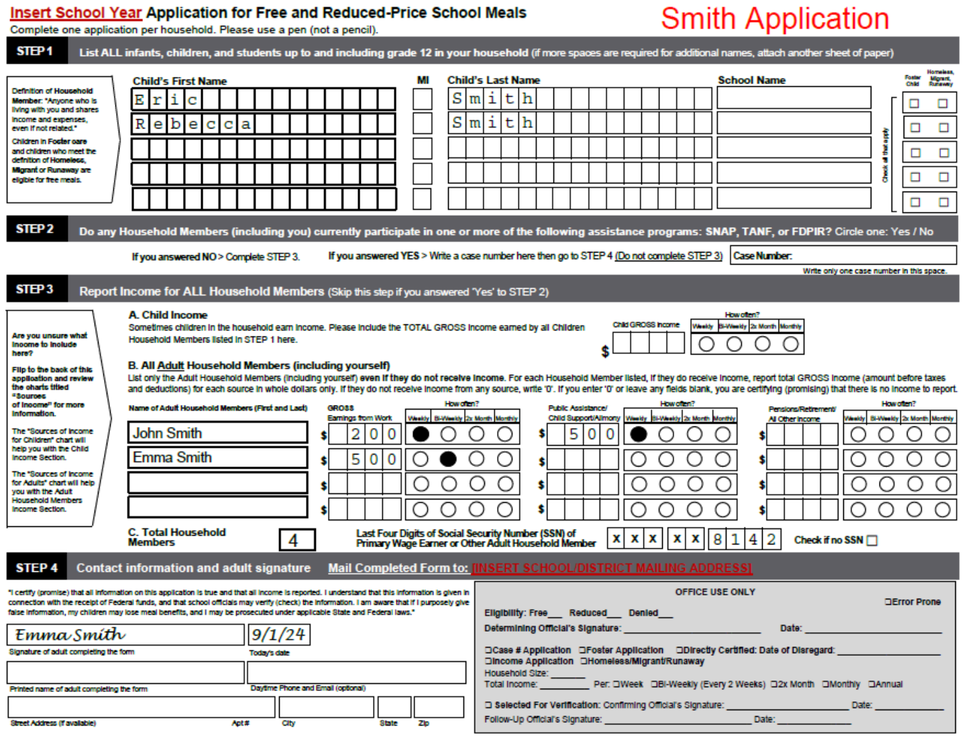
Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Is the Smith Application Complete?

Together, we will determine if the Smith household application is *complete*. *If you have not yet done so, please print the* Smith Application.



Insert School Year Application for Free and Reduced-Price School Meals

Smith Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Eric		Smith		☐	☐
Rebecca		Smith		☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income $ ____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
John Smith	$ 200	● Weekly	$ 500	● Weekly	$	Weekly
Emma Smith	$ 500	● Bi-Weekly	$	Weekly	$	Weekly
	$	Weekly	$	Weekly	$	Weekly
	$	Weekly	$	Weekly	$	Weekly

C. Total Household Members 4

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member x x x x x 8 1 4 2 Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Emma Smith — Signature of adult completing the form

9/1/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

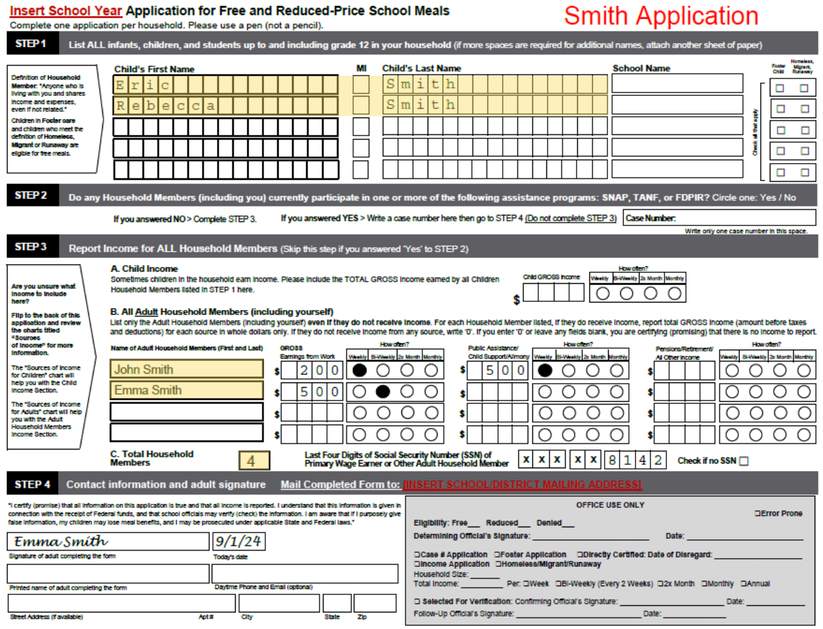
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Is the Smith Application Complete?

In order to determine if the Smith application is complete, highlight all the required fields on the handout, *Smith Application:*

- Highlight the names of the children and adult household members
- Highlight the box, ***Total Household Members***
- Confirm this number reported in ***Total Household Members*** matches the number of household members listed.


Insert School Year Application for Free and Reduced-Price School Meals

Smith Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Eric		Smith			
Rebecca		Smith			

Check all that apply.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

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A. Child Income

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Child GROSS Income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
John Smith	$ 200	●	$ 500	●	$	
Emma Smith	$ 500	●	$		$	
	$		$		$	
	$		$		$	

C. Total Household Members 4

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member x x x x x 8 1 4 2 Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Emma Smith — Signature of adult completing the form — 9/1/24 — Today's date

Printed name of adult completing the form — Daytime Phone and Email (optional)

Street Address (if available) — Apt # — City — State — Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____ ☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

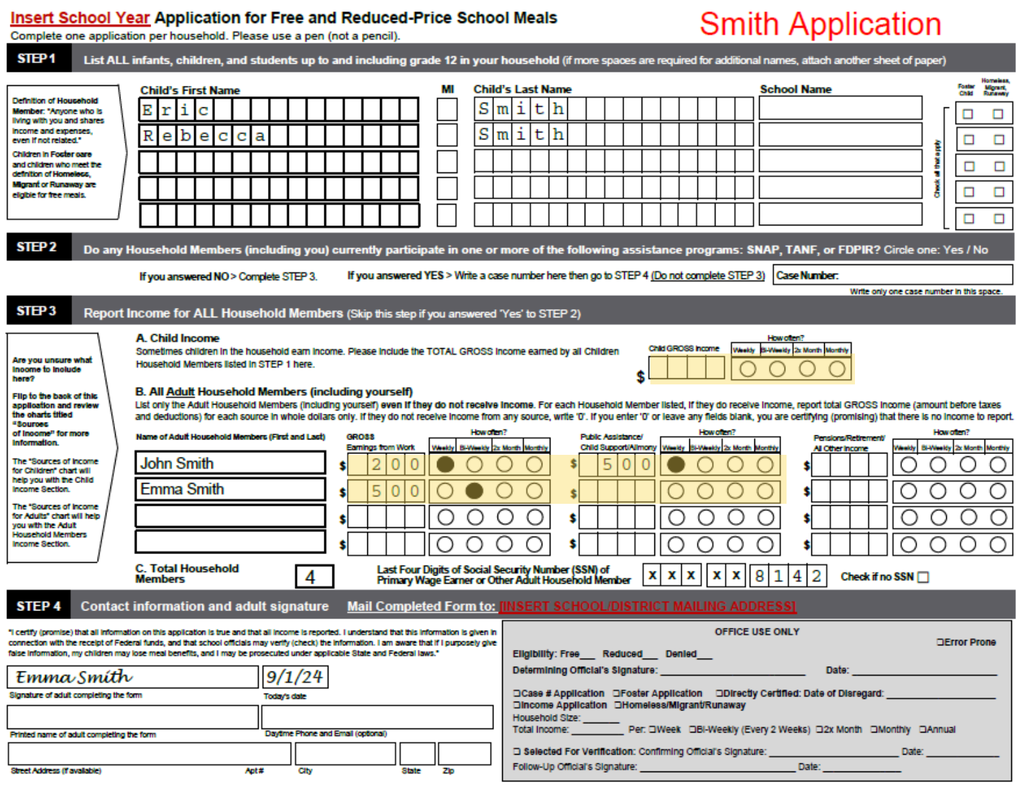
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Two children and two adults have been listed which matches the 4 reported in the box *Total Household Members*.

Is the Smith Application Complete?

Highlight the amount, source, and frequency of current income for the children and then for each adult household member.



Insert School Year Application for Free and Reduced-Price School Meals

Smith Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Eric		Smith		☐	☐
Rebecca		Smith		☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income $ ___ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
John Smith	$ 200	●	$ 500	●	$	
Emma Smith	$ 500	●	$		$	
	$		$		$	
	$		$		$	

C. Total Household Members 4

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member x x x x x 8 1 4 2 Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Emma Smith — Signature of adult completing the form

9/1/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

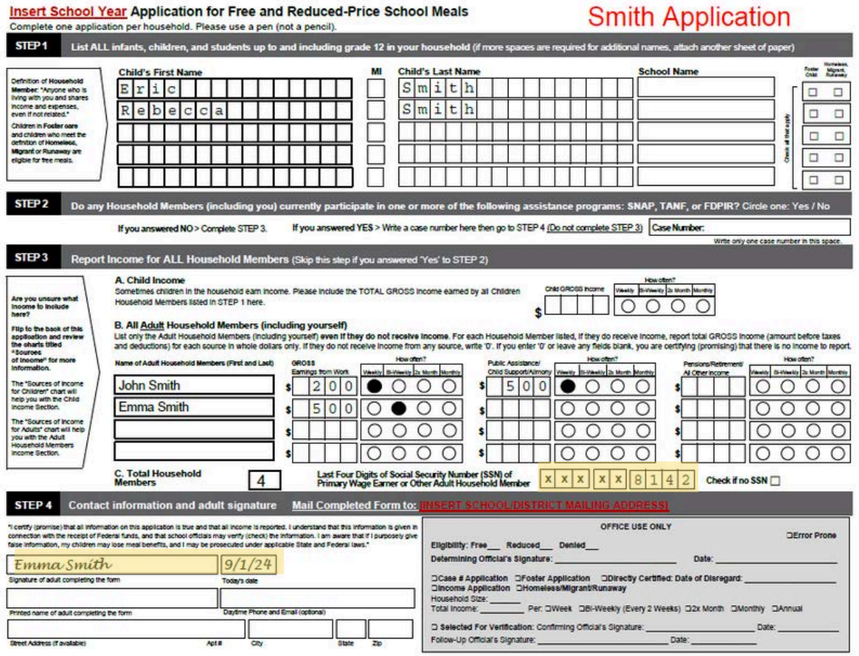
The combined children income and frequency is left blank. That is okay.

All adult household members have listed an income amount and frequency.

Is the Smith Application Complete?

Highlight the reported last four digits of their SSN or an indication that the household member does not have a SSN.

Highlight the signature of an adult household member and confirm this member is listed as a household member.


Insert School Year Application for Free and Reduced-Price School Meals

Smith Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name: Eric, Rebecca

Child's Last Name: Smith, Smith

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Name of Adult Household Members (First and Last): John Smith, Emma Smith

Earnings from Work: $200 (Weekly), $500 (2x Month)

Public Assistance/Child Support/Alimony: $500 (Weekly)

C. Total Household Members: 4

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: xxxxx8142

STEP 4 Contact information and adult signature

Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

Emma Smith 9/1/24

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Last four digits of the Social Security Number are listed.

Emma Smith, has signed the application. She is also listed above as a household member.

Review: Determine if the Application is Complete

We have reviewed what information must be completed on the application if the household is applying based on income and household size.

We have determined the Smith application ***is*** complete: all household members are listed and match the reported total household members, income and frequency are listed, the last four digits of the SSN are reported, and a household member has signed the application.

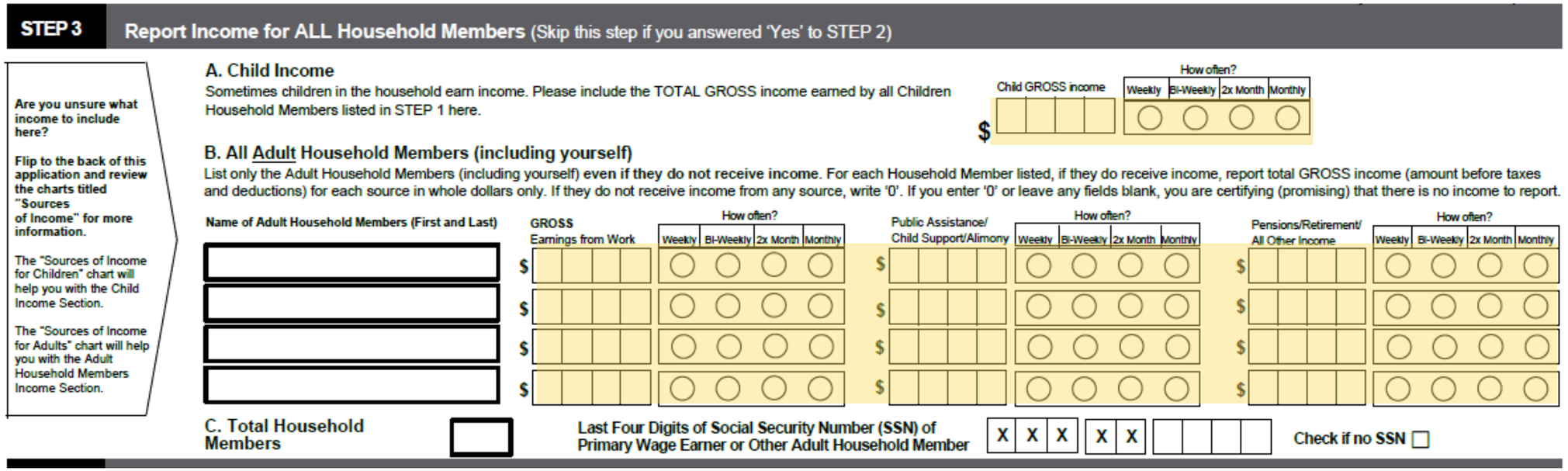
We can now **calculate income levels** to determine if the Smiths' household income qualifies for free or reduced-price meal benefits.

Note, the examples in this training are based on the Income Eligibility Guidelines for SY 24-25. The guidelines change annually but the steps of processing household applications remains the same. Ensure the Income Guidelines used while processing applications are for the current SY.

Income Level Frequencies

In Step 3 of the application, households will enter their ***gross income*** (amount before taxes and deductions) and indicate how often they receive that amount by filling in the bubbles:

- Weekly
- Bi-Weekly
- 2x Month
- Monthly



STEP 3 **Report Income for ALL Household Members** (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ | How often? Weekly | Bi-Weekly | 2x Month | Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

Calculating Income Levels

In order to determine if a household is eligible for free or reduced-price meal benefits, the determining official must calculate the *total* income the household makes.

This is done by reviewing the income reported by the household and calculating one total income for the application.

- *For example: If one member reported $100 weekly and another member reported $200 weekly, the total income for the household would be $300 weekly.*

Once the total income is calculated, determining officials can compare the total income with a chart listing income guidelines to determine if the household's income qualifies for meal benefits.

Calculating Income Levels

If a household lists the **same income frequency**, you will add together all income levels provided.

- For example: If one member reported $100 weekly and another member reported $200 weekly, the total income for the household would be $300 weekly.

If a household lists **multiple income frequencies**, like the Smith application, SFAs are instructed to convert all frequencies to annual income before adding them together.

- For example, by looking at the Smith application, we can see John Smith reported weekly and Emma Smith reported bi-weekly.

Calculating Different Income Frequencies

Households may have income from different sources which are paid on different schedules. For example, the household may receive paychecks on a weekly basis and child support on a monthly basis. If there are multiple income sources with more than one frequency, the SFA must convert all income frequencies to an annual amount by multiplying:

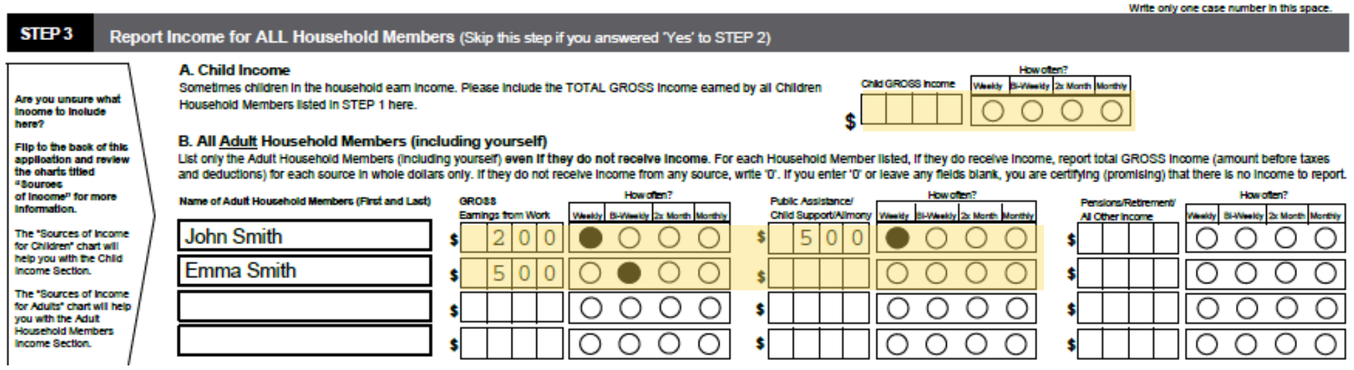
- Weekly income by 52
- Bi-weekly income (received every two weeks) by 26
- Twice per month income by 24
- Monthly income by 12

Do not round the values resulting from each conversion. Add together all of the un-rounded converted values. SFAs cannot use conversion factors to convert any of the frequencies other than annual only in the situation where there are multiple frequencies.

If an SFA uses software for certification purposes, the software cannot use conversion factors to automatically convert income unless there are different frequencies.

What is the Total Income for the Smith Application?

On the application, find the income and frequency reported for the children and for each adult


Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income $ | How often? Weekly | Bi-Weekly | 2x Month | Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
John Smith	$ 200	●	$ 500	●	$	
Emma Smith	$ 500	○ ●	$		$	
	$		$		$	
	$		$		$	

Combined children income and frequency

All adult income and frequency

- The children have no listed income
- The adult household members reported income:
  - John Smith entered $200 weekly and $500 weekly
  - Emma Smith entered $500 bi-weekly

Since the incomes are different frequencies (weekly and bi-weekly) we need to convert John Smith and Emma Smith's income to an *annual* amount.

Total Annual Income

Let's convert each Smith household's member to annual income.

John Smith earns $200 weekly and $500 weekly ($700 total weekly)

- To convert weekly income to annual income, multiply the weekly income by 52
- $700 x 52 = $36,400

Emma Smith earns $500 bi-weekly.

- In order to convert bi-weekly income into annual income, multiply the bi-weekly income by 26.
- $500 x 26 = $13,000

We can now add together John and Emma Smith's annual income.

- $36,400 + $13,000 = $49,400

Determining Eligibility for Meal Benefits

In this section, we have reviewed how to calculate the total income listed on the household application if listed in the same income frequency or *different* income frequencies.

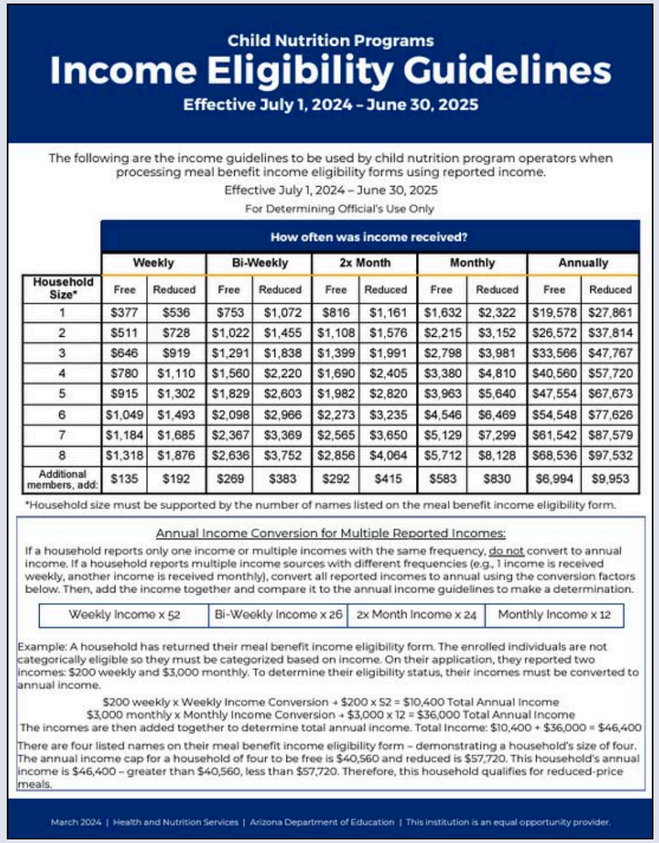
- We have practiced calculating different income frequencies with the Smiths' household income.
- We calculated the Smith household income to be $49,400 annually.
- We can now use the **Income Eligibility Guidelines (IEGs)** to determine if the Smith household qualifies for any meal benefits.

IEGs to Determine Meal Benefits

In order to determine if the household is eligible for free or reduced-priced meal benefits, we will use the Income Eligibility Guidelines (IEGs) included in this training.

- Please view the most current Income Eligibility Guidelines.

Note, the examples in this training are based on the Income Eligibility Guidelines for SY 24-25. The guidelines change annually but the steps of processing household applications remains the same. Ensure the Income Guidelines used while processing applications are for the current SY.



Child Nutrition Programs

Income Eligibility Guidelines

Effective July 1, 2024 – June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2024 – June 30, 2025

For Determining Official's Use Only

	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
Household Size*	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$377	$536	$753	$1,072	$816	$1,161	$1,632	$2,322	$19,578	$27,861
2	$511	$728	$1,022	$1,455	$1,108	$1,576	$2,215	$3,152	$26,572	$37,814
3	$646	$919	$1,291	$1,838	$1,399	$1,991	$2,798	$3,981	$33,566	$47,767
4	$780	$1,110	$1,560	$2,220	$1,690	$2,405	$3,380	$4,810	$40,560	$57,720
5	$915	$1,302	$1,829	$2,603	$1,982	$2,820	$3,963	$5,640	$47,554	$67,673
6	$1,049	$1,493	$2,098	$2,966	$2,273	$3,235	$4,546	$6,469	$54,548	$77,626
7	$1,184	$1,685	$2,367	$3,369	$2,565	$3,650	$5,129	$7,299	$61,542	$87,579
8	$1,318	$1,876	$2,636	$3,752	$2,856	$4,064	$5,712	$8,128	$68,536	$97,532
Additional members, add:	$135	$192	$269	$383	$292	$415	$583	$830	$6,994	$9,953

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: $200 weekly and $3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

$200 weekly x Weekly Income Conversion → $200 x 52 = $10,400 Total Annual Income
$3,000 monthly x Monthly Income Conversion → $3,000 x 12 = $36,000 Total Annual Income
The incomes are then added together to determine total annual income. Total Income: $10,400 + $36,000 = $46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is $40,560 and reduced is $57,720. This household's annual income is $46,400 – greater than $40,560, less than $57,720. Therefore, this household qualifies for reduced-price meals.

March 2024 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Income Eligibility Guidelines

IEG Information

USDA releases IEGs for each program year (July 1 to June 30). This form can be accessed on HNS' NSLP and SBP Forms and Resources webpage under Eligibility Documents for School Meal Benefits.

- The table has a set of income limits based on the size of the household and frequency of household income.
- If the total income calculated for the household based on its reported household size is less than the amount listed for FREE, the family qualifies for free meal benefits.
- If the income is higher than the amount listed for FREE, the determining official will want to compare the income and household size that is listed for REDUCED. If the income calculated is less than the amount listed for REDUCED, the household qualifies for reduced-price meal benefits.

Using the IEGs

The Smith household application indicates 4 household members with a total income of $49,400 annually. Do they qualify for free or reduced-price meal benefits?

1. On the IEGs, determine the free income levels for a household size of 4 with income received annually. Income received annually must be less than $40,560 to qualify for free meals.
2. The household's income is above the free income guidelines ($49,400 is greater than $40,560).
3. Determine if income falls within the reduced-price requirements. Income received annually must be less than($57,720) to qualify for reduced-price meals.
4. The household's income of $49,400 is less than $57,720.
5. The household does not qualify for free meal benefits. The household *does* qualify for reduced-price meal benefits.

	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
Household Size*	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$377	$536	$753	$1,072	$816	$1,161	$1,632	$2,322	$19,578	$27,861
2	$511	$728	$1,022	$1,455	$1,108	$1,576	$2,215	$3,152	$26,572	$37,814
3	$646	$919	$1,291	$1,838	$1,399	$1,991	$2,798	$3,981	$33,566	$47,767
4	$780	$1,110	$1,560	$2,220	$1,690	$2,405	$3,380	$4,810	$40,560	$57,720
5	$915	$1,302	$1,829	$2,603	$1,982	$2,820	$3,963	$5,640	$47,554	$67,673
6	$1,049	$1,493	$2,098	$2,966	$2,273	$3,235	$4,546	$6,469	$54,548	$77,626
7	$1,184	$1,685	$2,367	$3,369	$2,565	$3,650	$5,129	$7,299	$61,542	$87,579
8	$1,318	$1,876	$2,636	$3,752	$2,856	$4,064	$5,712	$8,128	$68,536	$97,532
Additional members, add:	$135	$192	$269	$383	$292	$415	$583	$830	$6,994	$9,953

Review: Income Eligibility Guidelines

Using the IEGs, we found that a household of 4 who earns $49,400 annually is higher than the guidelines listed for free meal benefits, however, they are eligible for reduced-price benefits.

We can now **sign and date as determining official** on the application.

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled *OFFICE USE ONLY*.

- On the first line, *Eligibility*, we can mark the denied category.
- For *Determining Official's Signa*ture, you will sign the application.
- For *Date*, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application and the household size and income used with the IEGs.

[INSERT SCHOOL/DISTRICT MAILING ADDRESS]

OFFICE USE ONLY

☐Error Prone

Eligibility: Free___ Reduced_X_ Denied___

Determining Official's Signature: Mona Randle Date: 9/5/24

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☒Income Application ☐Homeless/Migrant/Runaway

Household Size: 4

Total Income: $49,400 Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☒Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

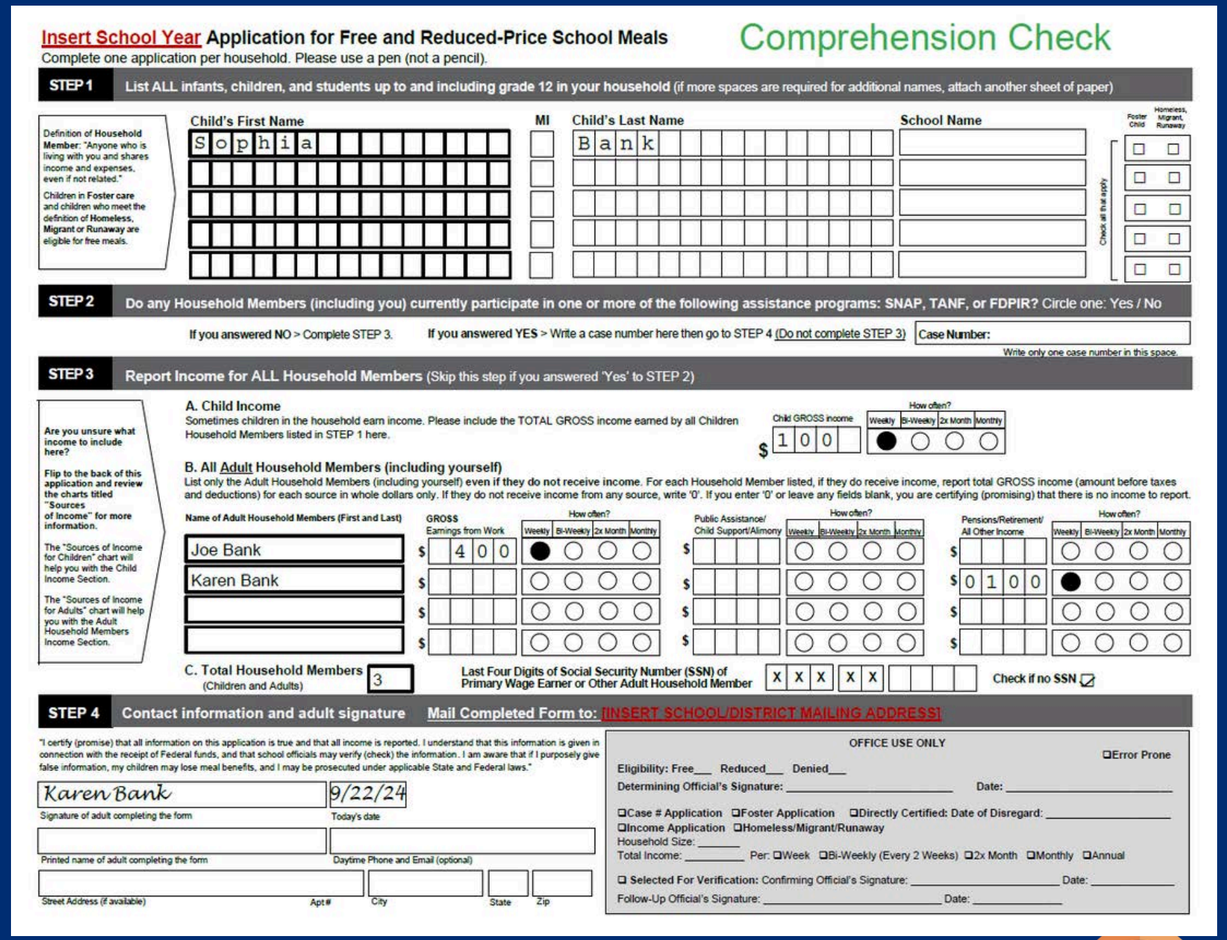
Quiz Time

How would this income application be certified?

A **Free, based on income of $500 per week, household of 3.**

B **Free, based on income of $31,200 annually, household of 3.**

C **Free, based on income of $600 per week, household of 3.**



Insert School Year Application for Free and Reduced-Price School Meals

Comprehension Check

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Sophia		Bank			

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ 100 — How often? Weekly ● Bi-Weekly ○ 2x Month ○ Monthly ○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
Joe Bank	$ 400	Weekly ●	$		$	
Karen Bank	$		$		$ 0100	Weekly ●
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults) 3

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☑

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Karen Bank — Signature of adult completing the form

9/22/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Quiz Time

How would this income application be certified?

A **Free, based on income of $500 per week, household of 3.**

B **Free, based on income of $31,200 annually, household of 3.**

C **Free, based on income of $600 per week, household of 3.**

	Weekly	
Household Size*	Free	Reduced
1	$377	$536
2	$511	$728
3	$646	$919
4	$780	$1,110
5	$915	$1,302
6	$1,049	$1,493
7	$1,184	$1,685
8	$1,318	$1,876
Additional members, add:	$135	$192

The household's income is $600 weekly ($500 adult income + $100 child income); no conversion is needed since all frequencies were weekly. On the IEGs, income received weekly must be less than $646 to qualify for free meals. The household's income of $600 is less than $646. The household qualifies for free meal benefits.

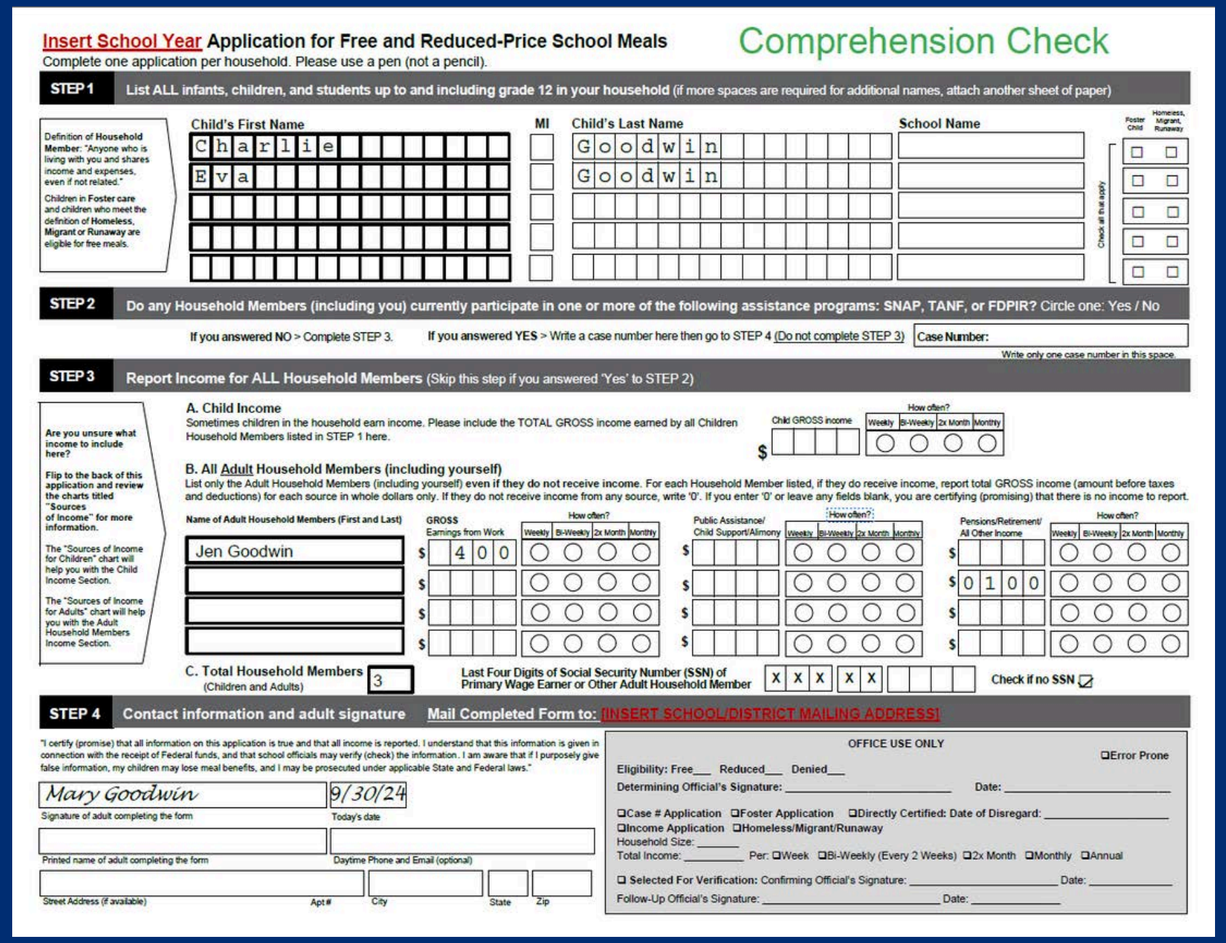
Quiz Time

Is this household application complete?

A **No. Income levels are not listed.**

B **No. Total household members is incorrect.**

C **Yes. All required parts of the application are completed.**



Insert School Year Application for Free and Reduced-Price School Meals

Comprehension Check

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Charlie		Goodwin		☐	☐
Eva		Goodwin		☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ ____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
Jen Goodwin	$ 400	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly	$	Weekly Bi-Weekly 2x Month Monthly
	$		$		$ 0100	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults) 3

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____ Check if no SSN ☑

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mary Goodwin — Signature of adult completing the form

9/30/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Quiz Time

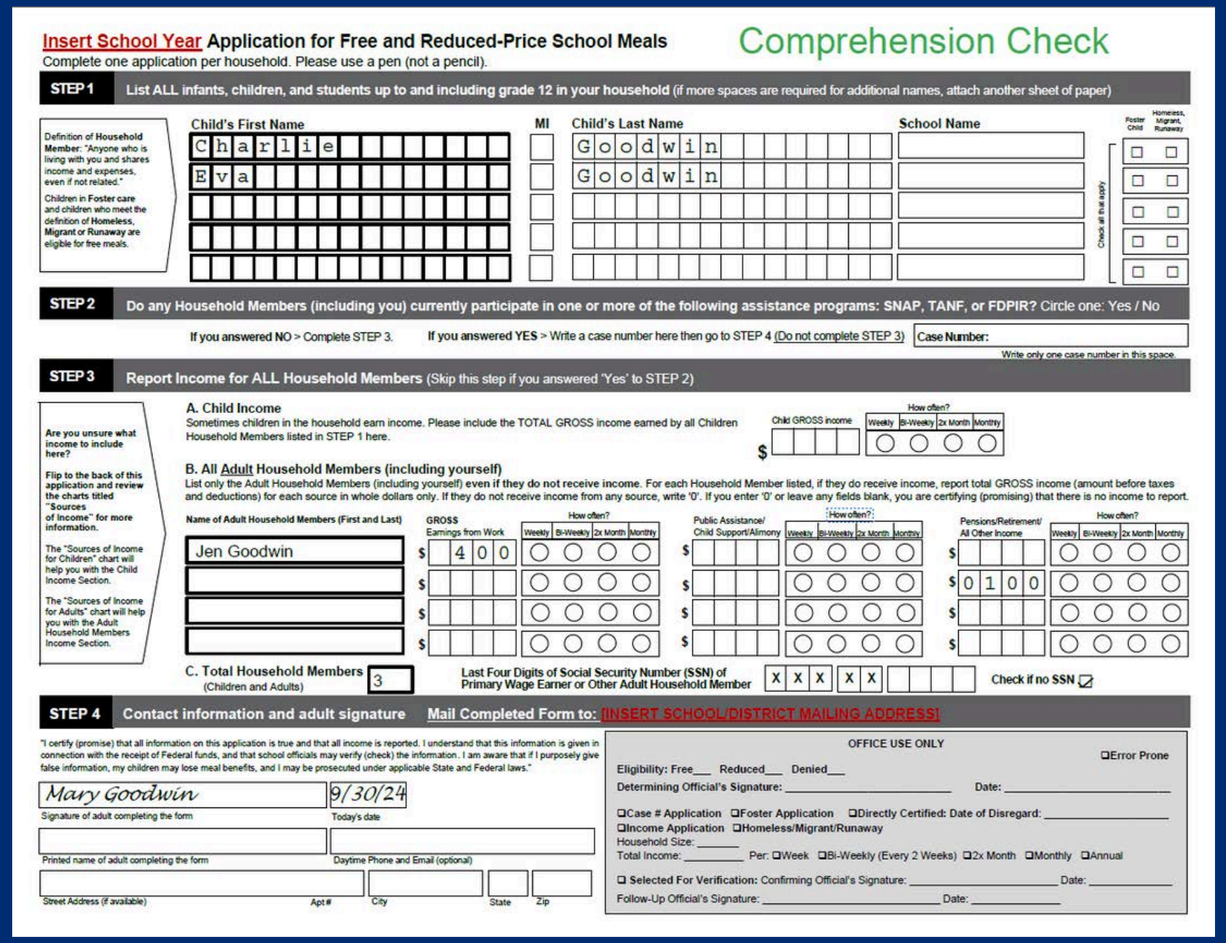
Is this household application complete?

A No. Income levels are not listed.

B No. Total household members is incorrect.

C Yes. All required parts of the application are completed.

Mary Goodwin signed the application, however she is not listed in Step 3 and is not included in the reported total household members.



Insert School Year Application for Free and Reduced-Price School Meals

Comprehension Check

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Charlie		Goodwin			
Eva		Goodwin			

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
Jen Goodwin	$ 400		$		$	
	$		$		$ 0100	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults) 3

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☑

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mary Goodwin — Signature of adult completing the form

9/30/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

How to Process Applications: Case Number Applications

SECTION 3

Steps for Processing Case Number Applications

1. Determine if the case number application is complete (which includes a valid case number for Arizona).
2. Assign free meal benefits for all enrolled students within the household; date and sign as determining official.

What is a Complete Case Number Application

Households are instructed to complete Step 1, Step 2, and Step 4 of the household application.

A complete case number application must provide:

- Names of all child household members;
- A case number from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR); and
- Signature of an adult household member

SFAs must not certify households based on the family providing a Medicaid case number or letter from the Medicaid agency.

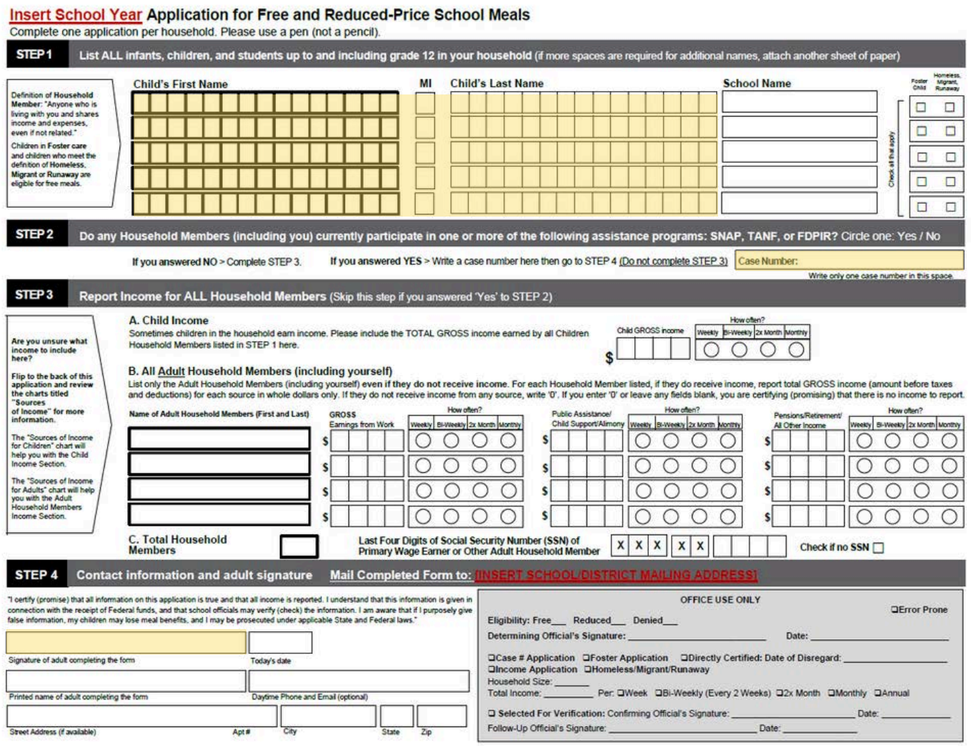
Diagram of a Complete Case Number Application

The highlighted boxes represent the information that the household needs to complete. The following slides will discuss the fields in more detail.

All children listed in the household

Valid SNAP, TANF, or FDPIR case number is listed

Adult household member signature



Insert School Year Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ | How often? Weekly | Bi-Weekly | 2x Month | Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? | Public Assistance/ Child Support/Alimony | How often? | Pensions/Retirement/ All Other Income | How often?

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY ❑Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Valid Case Numbers in Arizona

Only the case number assigned by the Assistance Program may be used to determine eligibility.

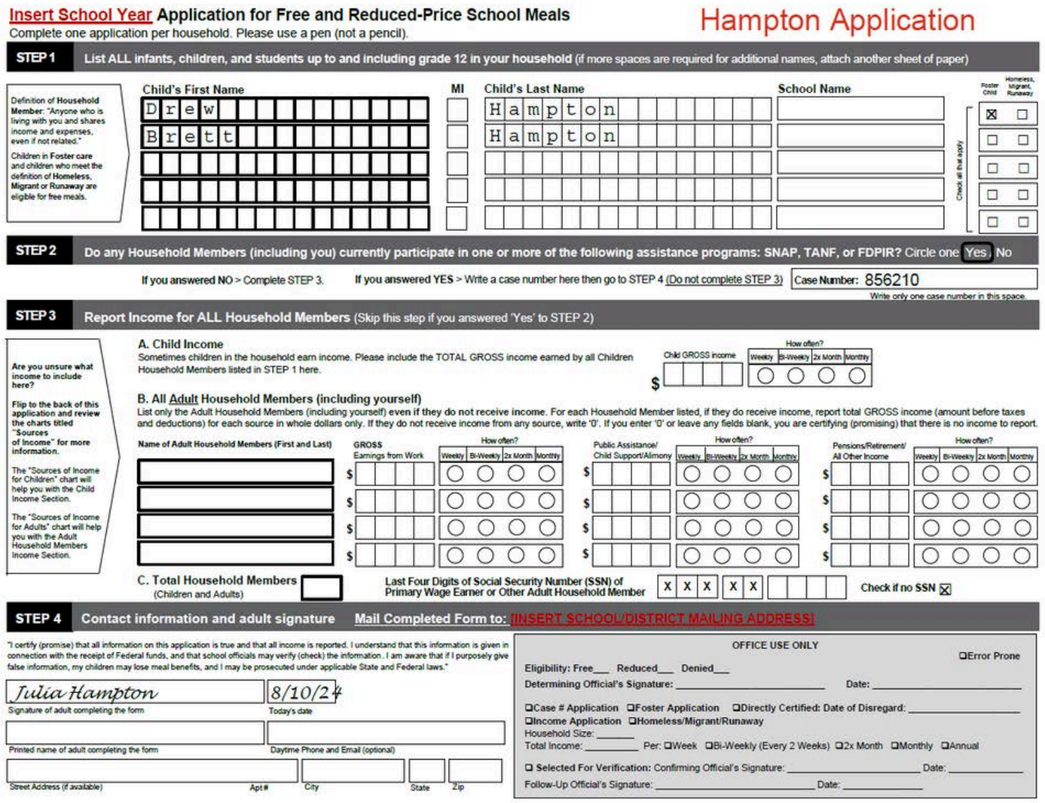
For example, the electronic benefit transfer (EBT) card number used by SNAP cannot be used to establish categorical eligibility. The determining official must ensure that the Assistance Program case number listed on the application is valid in the state of Arizona. This is done by confirming the number of digits meet the criteria for Arizona assistance programs.

- SNAP and TANF valid case numbers are 8 digits or less.
- FDPIR case numbers are valid based on the Indian Tribal Organization

INDIAN TRIBAL ORGANIZATION	CASE NUMBER FORMAT
• White Mountain Apache Tribe • Navajo Nation • Tohono O'odham Nation • Quechan Indian Tribe • San Carlos Apache Tribe	Head of Household's SocialSecurity Number (SSN)
• Colorado River Indian Tribes	5 digits (preceding zero plus a number from a 1-2000) (ex. 01985)
• Gila River Indian Community	A letter plus a number 1-7 plus the last four numbers of the Head of Household's SSN –(ex. D61234)

Is the Hampton Application Complete?

Together, we will determine if the Hampton Household application is complete. Please refer to the Hampton Application.



Insert School Year Application for Free and Reduced-Price School Meals

Hampton Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Drew		Hampton		☒	☐
Brett		Hampton		☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: 856210

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☒

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Julia Hampton — Signature of adult completing the form

8/10/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

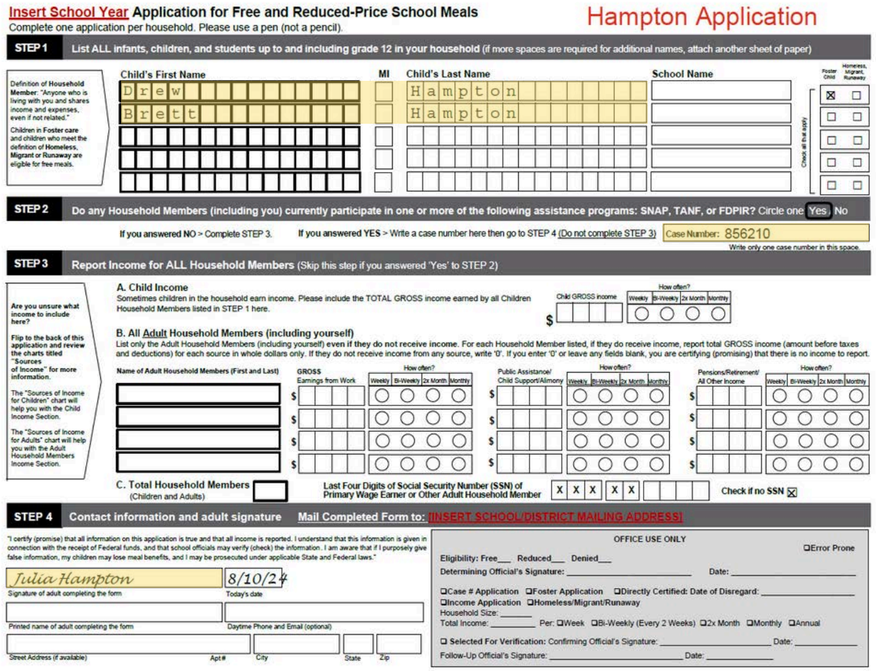
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Is the Hampton Application Complete?

In order to determine if the Hampton application is complete, highlight all the required fields on the handout, *Hampton Application*.

- Highlight the names of the children.
- Highlight the case number listed and confirm it is a valid case number by ensuring it is 8 digits or less (for SNAP or TANF) or matches the format for FDPIR case numbers.
- Highlight the signature of an adult household member.


Insert School Year Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Hampton Application

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Drew		Hampton		☒	☐
Brett		Hampton		☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: 856210

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?
Flip to the back of this application 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.
The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS 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
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X
Check if no SSN ☒

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Julia Hampton — Signature of adult completing the form
8/10/24 — Today's date
Printed name of adult completing the form
Daytime Phone and Email (optional)
Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone
Eligibility: Free___ Reduced___ Denied___
Determining Official's Signature: _____ Date: _____
☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____
☐Income Application ☐Homeless/Migrant/Runaway
Household Size: _____
Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

All children are listed in the household

Listed 866210, which is less than 8 digits. This would be considered a valid case number in Arizona

Adult household member has signed

Review: Determine if the Application is Complete

Yes, the application contains all the required information and is complete.

- The household circled yes to participating in an assistance program and listed a SNAP/TANF case number that is 8 digits or less. (The application is still complete even if the household does not circle yes or no.)
- Households that report a valid case number are categorically eligible for free meals.
- Remember, you are not to verify if the case number is an active case number; you must simply confirm that the number reported is consistent with the format used by the assistance program in Arizona.
- We can now **sign and date as determining official** on the application.

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled OFFICE USE ONLY.

- The first line, Eligibility, we can mark the free category.
- For Determining Official's Signature, you will sign the application.
- For Date, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application, which is a Case Number Application.

[INSERT SCHOOL/DISTRICT MAILING ADDRESS]

OFFICE USE ONLY

❑Error Prone

Eligibility: Free X Reduced___ Denied___

Determining Official's Signature: Mona Randle Date: 8/11/24

☒Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

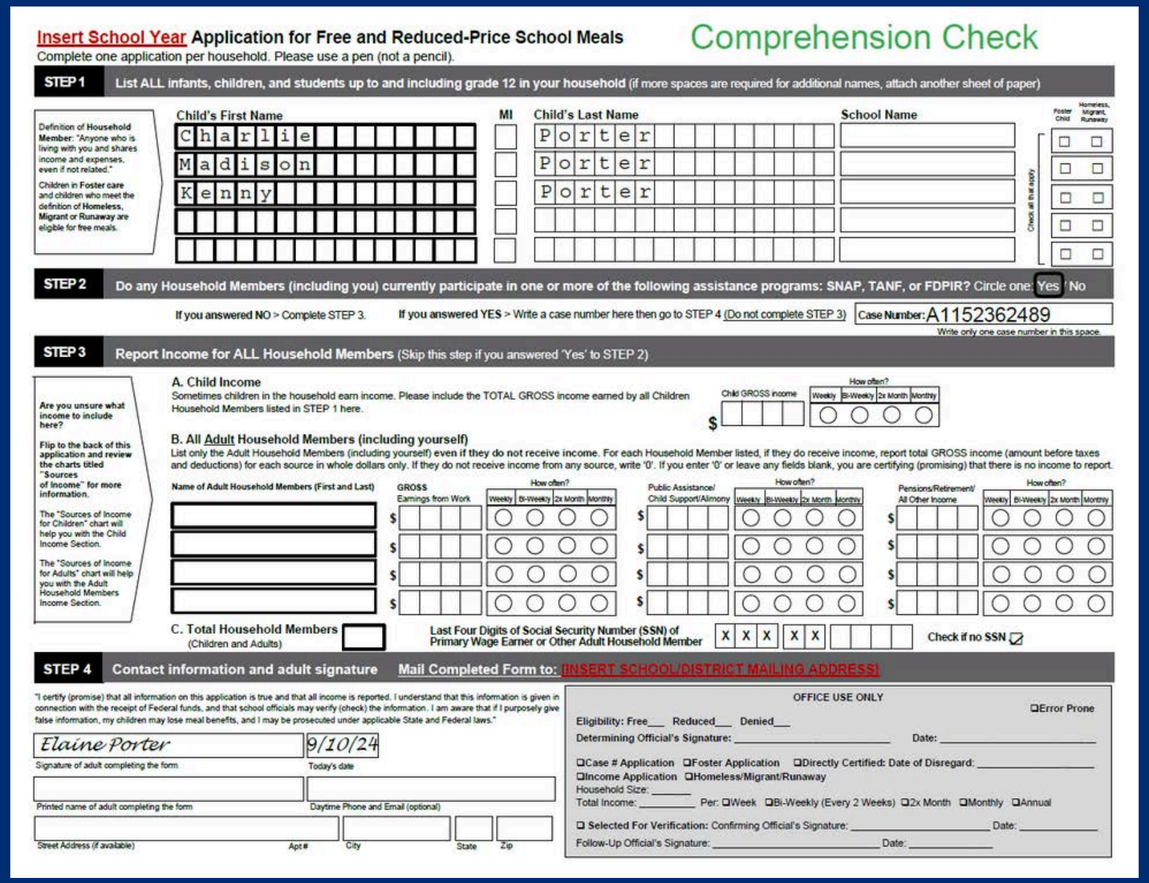
Quiz Time

How would this income application be certified?

A **Paid, incomplete application. Social Security Number is not listed.**

B **Free, case number application is complete.**

C **Paid, incomplete application. The case number listed is invalid.**



Insert School Year Application for Free and Reduced-Price School Meals

Comprehension Check

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Charlie		Porter			
Madison		Porter			
Kenny		Porter			

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: A1152362489

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS 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
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X

Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Elaine Porter — Signature of adult completing the form

9/10/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt# City State Zip

OFFICE USE ONLY

Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

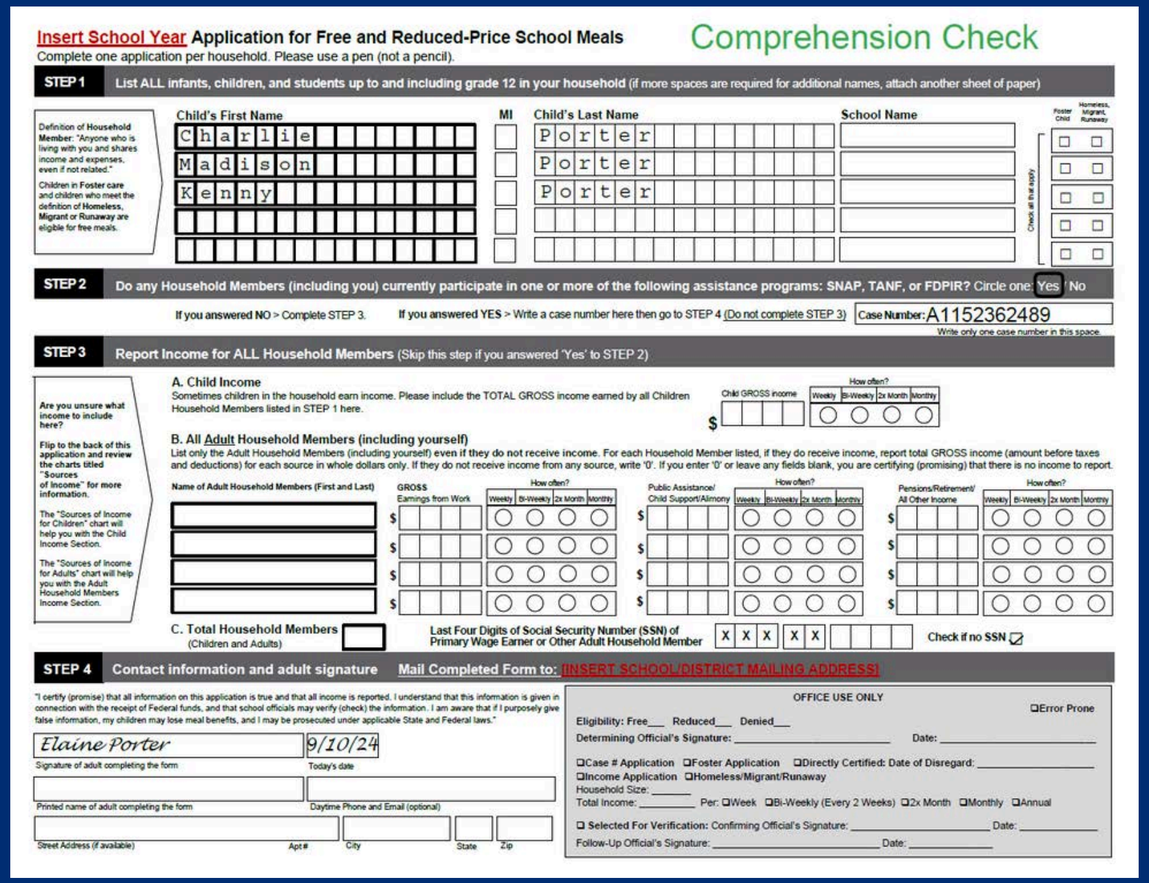
Quiz Time

How would this income application be certified?

A **Paid, incomplete application. Social Security Number is not listed.**

B **Free, case number application is complete.**

C **Paid, incomplete application. The case number listed is invalid.**



Insert School Year Application for Free and Reduced-Price School Meals

Comprehension Check

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Charlie		Porter			
Madison		Porter			
Kenny		Porter			

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: A1152362489

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS 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
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Elaine Porter — Signature of adult completing the form

9/10/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt# City State Zip

OFFICE USE ONLY

Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

A valid SNAP/TANF case number in Arizona is 8-digits or less or matches one of the FDPIR case number formats. This number looks similar to an Arizona Health Care Cost Containment System (AHCCCS) case number. Households cannot qualify for free meals by providing their AHCCCS number. Note, a Social Security number is not required to be listed on a case number application.

How to Process Applications: Foster Applications

SECTION 4

Steps for Processing Foster Applications

1. Determine if the foster application is complete.
2. Assign free meal benefits for all enrolled students within the household; date and sign as determining official.

What is a Complete Foster Application

Households are instructed to complete Step 1 and Step 4 of the household application.

A complete foster application must provide:

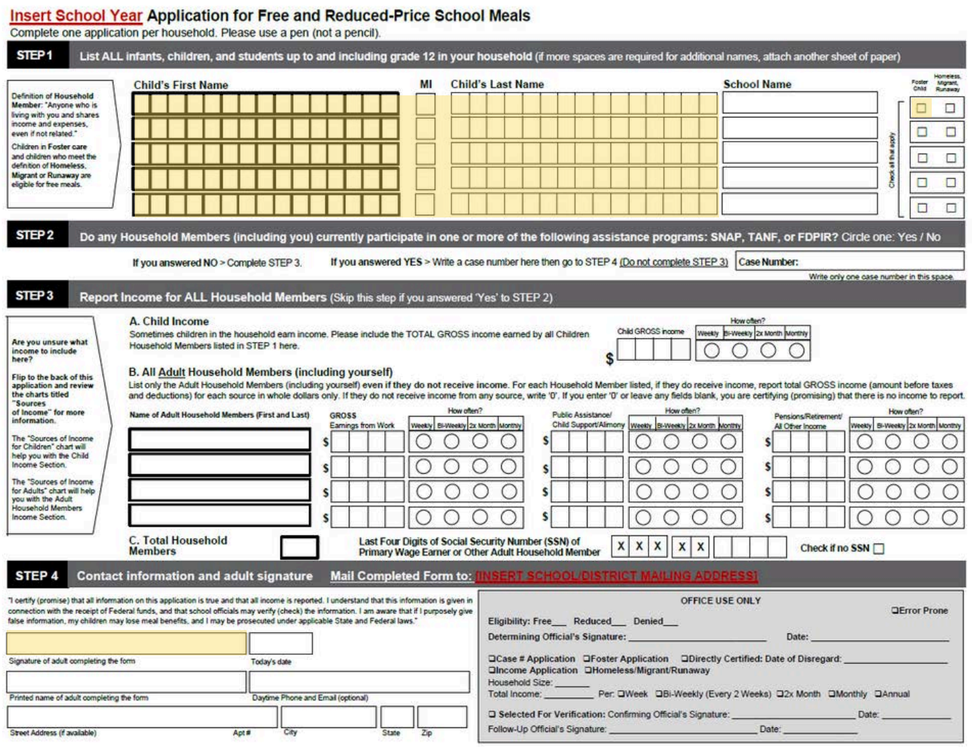
- Name(s) of the foster child;
- Indication of the child's foster care status; and
- Signature of an adult household member

Diagram to Complete Foster Application

The highlighted boxes below represent the information that the household needs to complete.

All children listed in the household

Adult household member signature



Insert School Year Application for Free and Reduced-Price School Meals

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name | MI | Child's Last Name | School Name | Foster Child | Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application 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.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

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

Child GROSS Income $ | How often? Weekly | Bi-Weekly | 2x Month | Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last) | GROSS Earnings from Work | How often? | Public Assistance/ Child Support/Alimony | How often? | Pensions/Retirement/ All Other Income | How often?

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY

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Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

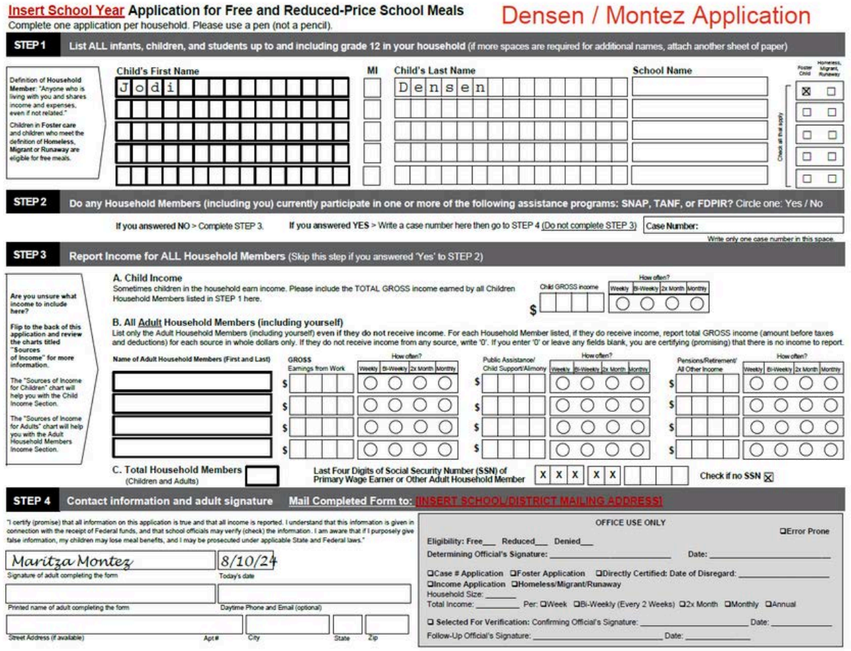
Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Box, *Foster Child*, is checked off on the application to identify child's foster status

Is the Densen/Montez Application Complete?

Together, we will determine if the Densen/Montez household application is complete. If you have not yet done so, please print the *Densen/Montez Application.*



Insert School Year Application for Free and Reduced-Price School Meals

Densen / Montez Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Jodi		Densen		☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

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Child GROSS income $ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

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Name of Adult Household Members (First and Last)	GROSS 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
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☒

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Maritza Montez — Signature of adult completing the form

8/10/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size:

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

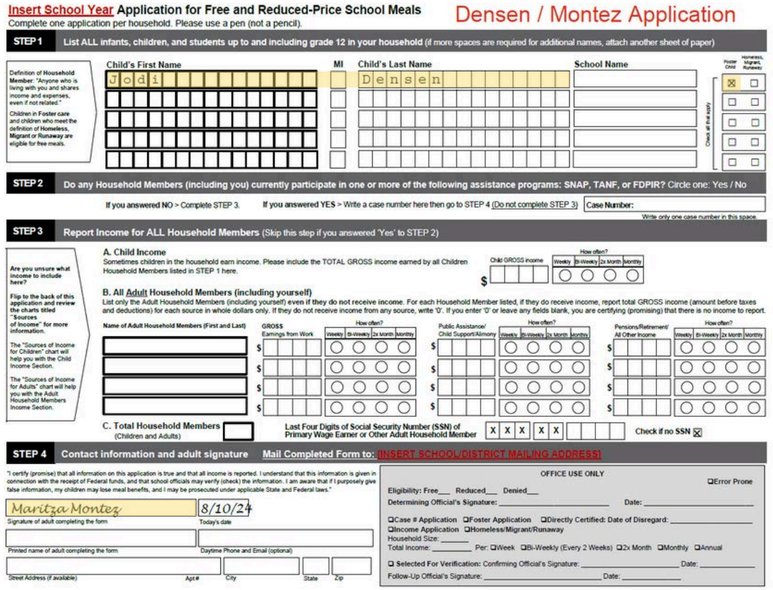
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Is the Densen/Montez Application Complete?

In order to determine if the Densen/Montez Application is complete, highlight all the required fields on the application:

- Highlight the names of the children
- Highlight the checkmark on the *Foster Child* box
- Highlight the signature of an adult household member



Insert School Year Application for Free and Reduced-Price School Meals

Densen / Montez Application

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

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

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

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
Jodi		Densen		☒	
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

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B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) 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 Adult Household Members (First and Last)	GROSS 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
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X

Check if no SSN ☒

STEP 4 Contact information and adult signature Mail Completed Form to: [INSERT SCHOOL/DISTRICT MAILING ADDRESS]

"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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Maritza Montez — Signature of adult completing the form

8/10/24 — Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY ☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application ☐Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

All children are listed in the household

Foster Child box is checked

Adult household member signature

Review: Determine if the Application is Complete

The application contains all required information and is complete.

- The household listed the name of the foster child, checked off the *Foster Child* box, and an adult household member signed the application.
- A foster child is categorically eligible for free meals. The child's status for free meals does not require confirmation of Foster status prior to receiving benefits.
- The free meal benefits of a foster child do not extend to other household members. *This How-To Guide will review how to document if other household members are also listed on the application in a few slides.*
- We can now **sign and date as determining official** on the application.

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled OFFICE USE ONLY.

- In the first line, Eligibility, mark the free category.
- For Determining Official's Signature, you will sign the application.
- For Date, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application, which is a Foster Application.

[INSERT SCHOOL/DISTRICT MAILING ADDRESS]

OFFICE USE ONLY

❑Error Prone

Eligibility: Free X Reduced___ Denied___

Determining Official's Signature: Mona Randle Date: 8/15/24

❑Case # Application ❑Foster Application ❑Directly Certified: Date of Disregard: _____

❑Income Application ❑Homeless/Migrant/Runaway

Household Size: _____

Total Income: _____ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

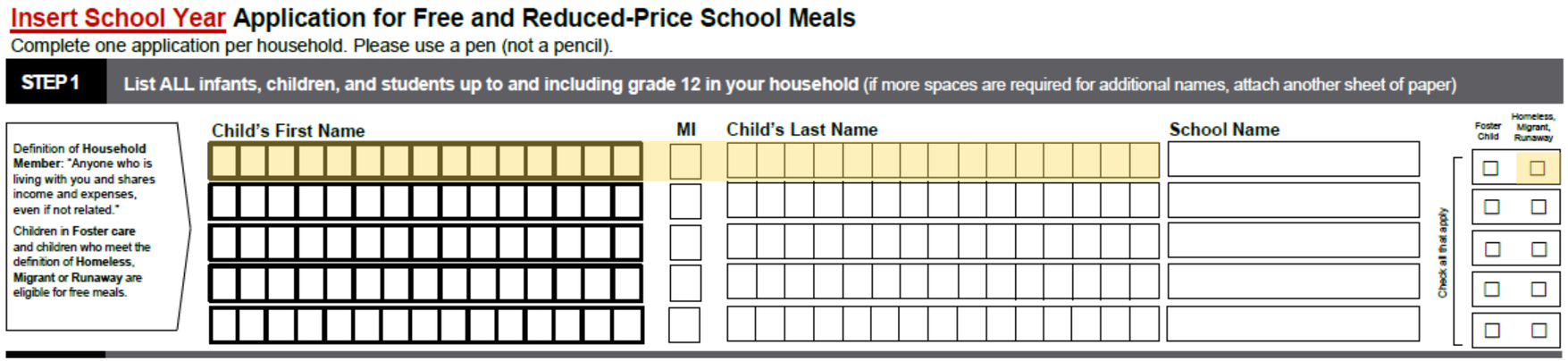
How to Process Homeless/Migrant/ Runaway Applications

SECTION 5

Processing Homeless/Migrant/Runaway Applications

When an SFA receives an application with Homeless, Migrant, or Runaway indicated, the determining official must confirm eligibility for each child prior to providing benefits.

1. An appropriate program official or homeless liaison must confirm a child's status, either through direct contact with the agency or by a list of names provided by the agency.
2. Once the appropriate official confirms a child's homeless, migrant, and/or runaway status, the child will be provided free meal benefits.
3. Attach the application with the documentation provided by the liaison.



Insert School Year **Application for Free and Reduced-Price School Meals**

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

STEP 1 **List ALL infants, children, and students up to and including grade 12 in your household** (if more spaces are required for additional names, attach another sheet of paper)

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

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

Acceptable Documentation

Migrant	SFAs should work directly with Migrant Education Program (MEP) officials or their homeless liaison to identify migrant children and to document their eligibility for free meal benefits. Acceptable documentation for MEP enrollment is a dated list with each child's name and the signature of the MEP official or local educational liaison, or a letter from a MEP official or local educational liaison provided by a household which confirms that a child currently meets the definition of migrant.
Runaway	Acceptable documentation is obtained from the LEA homeless liaison or officials of shelters where the child resides. A letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison or other designated official confirms that a child meets the definition of a runaway.
Homeless	Acceptable documentation is obtained from the LEA homeless liaison or officials of homeless shelters where the child resides. It consists of a letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison or other designated officials.

Quiz Time

If you received an application with only a child's name, Homeless, Migrant, Runaway box checked off, and an adult signature, what should be your next step?

A **Certify the application as free.**

B **Do not grant meal benefits yet. Contact the Homeless, Migrant, and/or Runaway liaison to confirm child's status.**

C **Certify the application as reduced.**

Quiz Time

If you received an application with only a child's name, Homeless, Migrant, Runaway box checked off, and an adult signature, what should be your next step?

A **Certify the application as free.**

B **Do not grant meal benefits yet. Contact the Homeless, Migrant, and/or Runaway liaison to confirm child's status.**

C **Certify the application as reduced.**

Applications that have been checked off as Homeless, Migrant, or Runaway must be confirmed by the program's liaison. Until you have received confirmation, the child cannot be certified as free due to Homeless, Migrant, or Runaway status.

Processing Applications with Multiple Types of Eligibility

SECTION 6

Applications with Multiple Types of Eligibility

SFAs may receive applications where some children are eligible for free meal benefits based on the child's status of Foster, Homeless, Migrant, and/or Runaway. However, that eligibility does not extend to other children in the household. This type of eligibility is referred to as ***Other Source Categorical Eligibility***.

The SFA must have a method to process different eligibility statuses that may result from an application that contains a Foster, Homeless, Migrant, and/or Runaway child along with other students.

Steps for Processing Applications: Multiple Eligibilities

1. The SFA will determine the Other Source Categorical Eligibility for the appropriate children using the guidance provided in this guide.

2. The SFA will then determine the eligibility for the remaining children listed on the application by either case number or household's income and size (which includes the Other Source Categorically Eligible children).

Foster and Income Application

If the household where the foster child resides applies for benefits for their non-foster children and includes the foster child as a household member, the household must report any personal income received by the foster child.

- The foster child's income can be from a part-time job or from any funds provided to the child for the child's personal use.

Multiple Types of Eligibility

Other Source Categorically Eligible children will receive free benefits, even if the other children listed on the application are determined ineligible for free or reduced-price benefits.

The SFA cannot require a separate application for each child in the same household or multiple applications from a mixed household that includes children who are Other Source Categorically Eligible and others who apply based on household income.

Processing Denied Applications

SECTION 7

Denied Applications

If a household provides an incomplete application or does not meet the eligibility criteria for free or reduced-priced meal benefits, the application must be denied. Households with children who are denied benefits must be provided with written notification of the denial.

Determining officials must record the eligibility determination and notification in an easily referenced format that includes the following:

- denial date;
- reason for denial;
- date the denial notice was sent;
- and signature or initials of the determining official (may be electronic, where applicable).

Summary of Meal Benefits

SECTION 8

APPLICATION TYPE	MEAL BENEFITS	DETERMINATION
Income	Free, reduced, or paid	Eligibility determined by income and household size is provided to all enrolled students.
Case Number	Free	Free eligibility determined by case number is provided to all enrolled students.
Foster	Free	Free eligibility determined by foster status is only provided to the child self-reported as foster. Note, foster status does not need to be confirmed by a liaison.
Homeless/Migrant/Runaway	Free	Freeeligibility determined by Homeless/Migrant/Runaway is only provided to the child identified as Homeless/Migrant/Runaway when confirmed by liaison.

Applications that are incomplete are considered paid until required information is obtained from the household. Please refer back to the earlier slides in this How-To Guide for more information.

CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.

602-542-8700

ContactHNS@azed.gov

www.azed.gov/hns

Congratulations

You have completed the Online Course:
How to Process Household Applications.

Information to include when documenting this training for Professional Standards:

Training Title:
How to Process Household Applications

Key Area: 3000 – Administration

Learning Code: 3110

Length: 1.5 hours

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate
Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.

Information to include when documenting this training for Professional Standards:

Training Title:
How to Process Household Applications

Key Area: 3000 – Administration

Learning Code: 3110

Length: 1.5 hours

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.

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