

2023-2024 IHM FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school		Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 4 to sign this form.	Check if No Income
	School	Gr		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 4.**

NAME: _____ 7-DIGIT CASE NUMBER _____

Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	X				\$150	X				\$0				

Part 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" Box.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits.

Sign Here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of of your Social Security Number: _____ I do not have a Social Security Number

Part 5. Children's ethnic and racial 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.

Choose one ethnicity

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2023 to June 30, 2024											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %				FREE MEALS - 130 %					
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS		
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	18,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	30,600	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	50,560	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	557	279	257	129
ALASKA											
1	18,210	33,689	2,808	1,404	1,296	648	23,673	1,973	987	911	456
2	24,640	45,584	3,799	1,900	1,754	877	32,032	2,670	1,335	1,232	616
3	31,370	57,480	4,790	2,395	2,211	1,106	40,391	3,366	1,683	1,554	777
4	37,960	69,375	5,782	2,891	2,669	1,335	48,750	4,063	2,032	1,875	938
5	43,960	81,271	6,773	3,387	3,126	1,563	57,109	4,760	2,380	2,197	1,099
6	50,960	93,166	7,764	3,882	3,584	1,792	65,468	5,456	2,728	2,518	1,259
7	56,790	105,062	8,756	4,378	4,041	2,021	73,827	6,153	3,077	2,840	1,420
8	63,220	116,957	9,747	4,874	4,499	2,250	82,186	6,849	3,425	3,161	1,581
For each add'l family member, add	6,430	11,896	992	496	458	229	8,359	697	349	322	161
HAWAII											
1	15,710	31,025	2,586	1,293	1,194	597	21,801	1,817	909	839	420
2	22,580	41,958	3,497	1,749	1,614	807	29,484	2,457	1,229	1,134	567
3	28,590	52,892	4,408	2,204	2,035	1,018	37,167	3,098	1,549	1,430	715
4	34,500	63,825	5,319	2,660	2,455	1,228	44,850	3,738	1,869	1,725	863
5	40,410	74,759	6,230	3,115	2,876	1,438	52,533	4,378	2,189	2,021	1,011
6	46,320	85,692	7,141	3,571	3,296	1,648	60,216	5,018	2,509	2,316	1,158
7	52,730	96,626	8,053	4,027	3,717	1,859	67,899	5,659	2,830	2,612	1,306
8	58,140	107,559	8,964	4,482	4,137	2,069	75,582	6,299	3,150	2,907	1,454
For each add'l family member, add	5,910	10,934	912	456	421	211	7,683	641	321	296	148