

**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.

**Verification For School Use Only**

Date Selected for Verification:	<input type="text"/>	Date Follow-up/Second Notice:	<input type="text"/>		Date of Adverse Notice Sent:
Confirming Officials Signature:	<input type="text"/>	Follow-up Official's Signature:	<input type="text"/>		<input type="text"/>
Response Due from Household:	<input type="text"/>	Verification Official's Signature:	<input type="text"/>		

FAP/FIP/FDPIR/Foster Eligibility		Income			Verification Results		Reason for Eligibility Change	
	Not confirmed	\$		Wage Stubs		Free to Reduced		Income
Confirmed:			Weekly	Written Documents		Free to Paid		Household Size
	Department of Human Services		Every 2 weeks	Collateral Contact		Reduced to Free		Refused to Cooperate
	Notice of Eligibility		Twice a month	Agency Records		Reduced to Paid		Other _____
			Monthly	Other _____		No Change		
			Annual					

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Dropped/Withdrawn: \_\_\_\_\_

