



SEATTLE  
PUBLIC  
SCHOOLS

# Household Application for Free & Reduced Lunch

2021-2022

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While Seattle Public Schools endeavors to only post documents optimized for accessibility, due to the nature and complexity of some documents, an accessible version of the document may not be available. In these limited circumstances, the District will provide equally effective alternate access.

For questions and more information about this document, please contact the following:

Nutrition Services  
[nutritionservices@seattleschools.org](mailto:nutritionservices@seattleschools.org)

This form is an application to determine qualification for free and reduced lunch. Application can also be made online at [www.paypams.com/onlineapp](http://www.paypams.com/onlineapp).

**2021-22 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
SEATTLE PUBLIC SCHOOLS**

Apply online: [www.paypams.com/onlineapp](http://www.paypams.com/onlineapp)

**Complete, sign, and return this application to** your child's school lunchroom; or mail directly to: Nutrition Services – MS 32-372, PO Box 34165, Seattle, WA 98124

You can also fax this application directly to Nutrition Services at 206-252-0664; or email to: [nutritionservices@seattleschools.org](mailto:nutritionservices@seattleschools.org)

Check here if you received meal benefits last year:

Homeless

Migrant

1. List **all students** living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<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"/>
			<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"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food

TANF

Food Distribution Program on Indian Reservations (FDIPR)

Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>	<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"/>	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household):  Last Four Digits of Social Security Number (SSN) of  Check if no SSN:   
(total listed must equal number of household members listed above) **Primary Wage Earner or Other Household Member**

5. **Contact Information & Signature – Complete, sign, and return this application to:** your child's school lunchroom; or mail directly to: Nutrition Services – MS 32-372, PO Box 34165, Seattle, WA 98124  
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.

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

**6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.**

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

**7. Other Benefits – Please check the box in front of the programs that you wish to share your child’s free or reduced price meal status with in order to qualify for a reduction in fees:**

<input type="checkbox"/> Event Fees	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Advanced Placement Tests	<input type="checkbox"/> Running Start Books	<input type="checkbox"/> Athletic Fees	<input type="checkbox"/> Associated Student Body (ASB) Fees
<input type="checkbox"/> Pre-College Exams (PSAT/SAT/ACT)	<input type="checkbox"/> College Application Fees				
By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.					
_____			_____		
Parent/Guardian Signature			Date		

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 (Basic Food), 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider and employer.

**Seattle Public School District’s Non-Discrimination Statement:**

Seattle Public Schools, SPS, provides Equal Educational Opportunities and Equal Employment Opportunities and does not discriminate in any programs or activities on the basis of sex; race; creed; color; religion; ancestry; national origin; age; economic status; sexual orientation, including gender expression or identity; pregnancy; marital status; physical appearance; the presence of any sensory, mental or physical disability; honorably discharged veteran or military status; or the use of a trained dog guide or service animal. SPS also provides equal access to the Boy Scouts and other designated youth groups.

**Students and Members of the Public with Concerns**

For students and members of the public, the following employees have been designated to handle questions and complaints of alleged discrimination: Office of Student Civil Rights, 206-252-0306, or [oscr@seattleschools.org](mailto:oscr@seattleschools.org), or by mail at Seattle Public Schools, MS 32-149, P.O. Box 34165, Seattle, WA 98124-1166. In that department:

**Sex Discrimination Concerns:** For sex discrimination concerns, including sexual harassment, contact: Title IX Coordinator, 206-252-0367, or [Title.IX@seattleschools.org](mailto:Title.IX@seattleschools.org)

**Disability Discrimination Concerns:** For disability discrimination concerns contact: Office of Student Civil Rights, 206-252-0306, or [accessibility@seattleschools.org](mailto:accessibility@seattleschools.org)