#### 2024-2025 Cobb County School District Household Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Or fill out online at: https://frapps.horizonsolana.com/COBC01

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)  A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.  B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (befor each source in whole dollars (no cents) 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 How often?  Public Assistance/ Child income Sometimes children in the household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (befor each source in whole dollars (no cents) 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 How often?  Pensions/Retirement/ All Other Income Weekly Bi-Weekly 2x Month Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly	growth you and shares  TEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?  If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)  Report Income for ALL Household Members (Skipthis step if you answered 'Yes' to STEP 2)  A. Child Income  Sometimes children in the household dembers (Richalding yourself) even if they do not receive income. For each Household Members listed in STEP 1 there.  A. In a child Household Members (Including yourself) even if they do not receive income. For each Household Members listed in STEP 1 there.  A. In a child Household Members (Including yourself) even if they do not receive income. For each Household Member listed in STEP 1 there.  B. All Adult Household Members (Including yourself) even if they do not receive income. For each Household Member income; in street in whole dollars (no cents) only. If hely do not receive income from any source, write 0' in loave any flaticb blank, you are callifying (promissing) that there is no income to member in the page and review charts tilled "Sources contend from any source, write 0'. If you enter o' or leave any flaticb blank, you are callifying (promissing) that there is no income to member in the page and review charts tilled "Sources of income Children's Chart Will was a subject to the chart will be with the subject to the chart will be a subject to the chart will be with the subject to the chart will be with the subject to the chart will be a subject to the chart will be with the subject to the chart will be wit	Total Household Members    Marked Household Members   Marked Household Memb	ing will you and shares come and expenses, even not related.*  The come of the		Child's First Name	MI	I Ch	Child's Last Name									Gra	ade	Student? Yes No			Hom Foster Mig Child Rur				
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Sources of Inc	ome for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	<ul> <li>Social Security         <ul> <li>(including railroad</li> <li>retirement and black lung</li> <li>benefits)</li> <li>Private pensions or disability benefits</li> </ul> </li> </ul>
If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

#### **OPTIONAL** Children's Racial and Ethnic Identities

rmation is important and helps to make sure we are fully serving our community. see or reduced-price meals.
Black or African American
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 Sig 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

Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture mail:

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

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

program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use O	nly			
Annual Income Conversion: Weekly		s x 26, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	How often?  Weekly Bi-Weekly 2x Month	Monthly Household Size	Free Reduced Denied	
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Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date

# **HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS 2024-2025**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leave STEP 2 blank and go to STEP 3.

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

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

#### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

### How do I report my income?

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

#### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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

#### 3.A. REPORT INCOME EARNED BY CHILDREN

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

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

#### 3.B. REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

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

E) Report income from

field on the application.

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

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

pensions/retirement/all other income.

"Pensions/Retirement/All Other Income"

Report all income that applies in the

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

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

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

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)."

This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

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

#### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

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