

**EXHIBIT 3
CONFIDENTIAL INCOME STATEMENT
HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

1. List all children living with you. Include any income received and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**.

Child's Last Name	Child's First Name	MI	Foster Child	Date of Birth	Child Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	No Income	Does your child receive Basic Food, TANF or FDIPIR? If YES, you must list a case number.
					\$						<input type="checkbox"/> Yes-Case # _____
					\$						<input type="checkbox"/> Yes-Case # _____
					\$						<input type="checkbox"/> Yes-Case # _____
					\$						<input type="checkbox"/> Yes-Case # _____
					\$						<input type="checkbox"/> Yes-Case # _____

2. List the names of all other household members - Please enter your income and CHECK how often it is received. If you write a case number, skip to Section 4. If your income exceeds the income eligibility guidelines for your household size, check this box N/A. Sign and return this form.

Names of ALL other household members (do not include names of children listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Earnings from work			Welfare, Child Support, Alimony	Pensions, Retirement, Social Security (SSI)			Any Other Income Not Already Listed	Does any adult receive Basic Food, TANF, of FDIPIR? If YES, you must list a case number.						
				Weekly	Every 2 Weeks	Twice a Month		Monthly	Weekly	Every 2 Weeks		Twice a Month	Monthly	Weekly	Every 2 Weeks	Twice a Month	Monthly	
			\$				\$				\$							
			\$				\$				\$							
			\$				\$				\$							
			\$				\$				\$							
			\$				\$				\$							

3. Total Household Members (include all people living in your household): _____

4. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDIPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult Household Member

Mailing Address _____ Street Address _____

City & Zip Code _____ Home Phone _____ Work/Cell Phone _____

Last 4 digits of your social security number: _____

OR, if you do not have a social security number, check the box:

Adult Household Member Signature _____ Date _____

Email Address _____

5. Children's Racial And Ethnic Identities (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino, Not Hispanic or Latino

Privacy Act Statement: This explains how we will use the information you give us. 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.

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household, Income Household, Foster Child

Total Household Size, Total Household Income \$, Income Approved by (circle one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals, Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount, Incomplete/Missing Information, Other:

Date Notice Sent

Signature of Approving Official

Date

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