2020-2021 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Apply online at _____

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.

Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read *How to Apply for Free and Reduced-Price School Meals* for more information.

Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes	Student? No	Check all that apply	Foster Child	Homeless, Migrant, Runaway
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐
						☐	☐		☐	☐

STEP 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.***)

Case Number: _____

Write only one case number in this space.

STEP 3 Report income for *ALL* household members (Skip this step if you answered *YES* to STEP 2)

Are you unsure what income to include here?

Flip the page, and review the charts titled *Sources of Income* for more information.

The *Sources of Income for Children* chart will help you with the Child Income section.

The *Sources of Income for Adults* chart will help you with the All Adult House Members section.

A. **Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income	How Often: Weekly	Bi-weekly	2x Month	Monthly
$	☐	☐	☐	☐

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 he/she does receive income, report gross income (before taxes) for 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 to report.

Names of Adult Household Members (First and Last)	Earnings From Work	How Often: Weekly	Bi-weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How Often: Weekly	Bi-weekly	2x Month	Monthly	Pensions/Retirement/All Other Income	How Often: Weekly	Bi-weekly	2x Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X ☐☐☐☐

Check if No SSN ☐

STEP 4: Contact information and adult signature

Mail Completed Form to: ***Insert Your School District Mailing Address Here***

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.

Street Address (if available) | Apt # | City | State | Zip Code | Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form | Signature of Adult | Today's Date