

# Application for Free/Reduced-Price School Meals & Family Economic Data Survey

2025-2026 School Year

Cherry Creek School District

www.myschoolapps.com

Scan for Instructions



Complete one application per household. Use a black or blue pen (NOT a pencil). See the Step-By-Step Instructions for more information. Some schools in our district participate in the Community Eligibility Provision (CEP) and some do not. The purpose of this form is to determine eligibility for meal benefits for students in non-CEP schools. For students in CEP schools, the information will be used to determine eligibility for other types of benefits.

## STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet)

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)			Grade	Foster Child	Runaway	Homeless	Migrant
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDPIR benefits? If **YES**, list case number and go to STEP 3

Case #  If **NO**, go to STEP 2.

## STEP 2: Report income for all household members, including students

List all adults in your household. Report their **total gross income**. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members

First and last name of household members	Earnings from work						Public Assistance/Child Support/Alimony						Pensions/Retirement/All other income					
	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually			
<input type="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<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"/>			

Total Number of Household Members (All children and adults that live in your home)

Last four digits of Social Security Number. Not required for CEP schools or Summer EBT.

Check box if no Social Security Number

## STEP 3: Signature and Contact Information.

"I certify my children are not receiving Summer EBT benefits in another state or Indian Tribal Organization. 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."

Mailing Address or PO Box       City       State       Zip Code       Email Address

Home or Cell Phone Number       SIGNATURE of Adult Household Member (Required)

Printed First and Last Name of Signer       Today's Date

**STEP 4: Release of Information**

The details you give on this form will be used with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices.

**DO NOT** share information with Medicaid/SCHIP

Share my information with the following programs I've checked:  AP, SAT, PSAT, IB, ACT, Exam and or Book Fees  Before and After Care Program  Sports Participation  Electronic Repairs

Return completed application to: 14270 East Briarwood Avenue Centennial, Colorado 80112

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

We are required to ask for information about your children's race and ethnicity. Responding 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 submit all needed information, we cannot approve your child for free or reduced price meals or Summer EBT. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply for Summer EBT or 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.

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. 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 Sign 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 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: 1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. Fax: (833) 256-1665 or (202)690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per month x 24; Monthly x 12

**Application Type**

Total Household Income: \$ \_\_\_\_\_ Household Size \_\_\_\_\_  
Household Income Frequency  Weekly  Every Two Weeks  Twice a Month  Monthly  Annually

**Categorical Eligibility**

SNAP  FDPIR  TANF  Foster  Homeless/Migrant/Runaway/Head Start

**Application Status**

Approved  Free  Reduced  
Denied  Over Income Guidelines  Incomplete/Missing \_\_\_\_\_

Notes:  
\_\_\_\_\_

Determining Official Signature: \_\_\_\_\_ Approval / Denial Date: \_\_\_\_\_ Notification Sent: \_\_\_\_\_

Note: All types of income must be combined in total household income, not just earnings from work.