

## 2025-2026 Application for Free and Reduced-Price School Meals/Milk

To apply for free and reduced-price meals for your children, read the instructions on the back, complete only one form for your household, sign your name, and return it to the address listed below. Call Vicky Williams at 716-699-2316 ext.1403 if you need help. Additional names may be listed on a separate paper. Instructions are on the back of this paper.

Return Completed Applications to: Ellicottville Central School  
5873 Route 219  
Ellicottville, NY 14731

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway

2. If anyone in your household receives either SNAP, TANF, or FDPIR benefits, list their name and CASE# here. Skip to Part 4 and sign the application.

Name: \_\_\_\_\_ CASE#: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

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 the total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount/How Often	Child Support, Alimony Amount/How Often	Pensions, Retirement Payments Amount/How Often	Other Income, Social Security Amount/How Often	No Income

Total Household Members (Children and Adults) \_\_\_\_\_ \*Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_\_  
I do not have a SS# \_\_\_\_\_

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I \_\_\_\_\_ certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable state and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced-price meals.

Ethnicity: ☐ 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 Island ☐ White

### DONOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster

☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ Household Size: \_\_\_\_\_

☐ Free Meals

☐ Reduced Price Meals

☐ Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_