2025-2026 Application for Free and Reduced Price School Meals

apply online @ http://postfallssd.schoollunchapp.com

Nutrition Services ● PO Box 40 ● Post Falls, Idaho 83877

Phone 208 773-1625 ● Fax 208 449-1154 ● www.pfsd.com

Complete one application per *household*. You must fill out a new application each year. Please use a pen (not a pencil).

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**

CHILD'S First Name	MI	CHILD'S Last Name	Student? Yes or No / School Name	Foster? (check if yes)	Homeless, Migrant or Runaway? (check if yes)

If you have been notified by the Nutrition Services office since **July 1, 2025** that your child is approved for free meals, do not complete this form.

Step 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR? Circle one: YES / NO

If you answered NO > Complete STEP 3

If you answered 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. Quest Card # Not Allowed

Step 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household receive and/or earn income.

Please include the TOTAL income earned by all Household Members 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 they do receive income, report **total gross income** for each source in whole dollars 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.

Name of **ADULT** Household Member (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: This number MUST be equal to the number of household members listed in STEP 1 and STEP 3

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

"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** | **Daytime Phone**

Printed name of adult completing the form

Signature of adult completing the form

Today's date (must be after 7/1/2025)

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section 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/Alaska Native

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ 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, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply 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.

Official Use Only – Do Not Write in Boxes Below

Signature of Confirming Official: | **Date 2nd Notification Sent:** | ☐ Reduced to Free | **Date:**

Date 1st Notification Sent: | **Signature of Verifying Official:**

Household Determination:
☐ Foster Student(s): _____
☐ Food Stamp/TAFI/FDPIR
☐ Income: Total Income $ _____ # in Household
Frequency

Approved:
☐ Free Meals
☐ Reduced-Price Meals
Withdrawal Date: _____

Denied:
☐ Income over Allowed
☐ Incomplete/Missing
☐ Other

Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12

Date Notice Sent:

Date Determined:

Signature of Determining Official: _____

This institution is an equal opportunity provider, employer and le lender.

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 District 273. The application must be filled out completely to certify your children for free or reduced price meals. **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

A) List each child's name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one name per line. 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 in Post Falls Public Schools?*** Mark 'Yes' or 'No' under the column provided to tell us which children attend PF Public Schools.

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.
Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the box next to the child's name and **complete all steps of the application.**

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 ONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** ***Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.***
- **IF *ANYONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** ***Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR.*** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **Idaho Department of Health & Welfare. You must provide a case number on your application. If you circled "YES", skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments	A child is blind or disabled and receives Social Security benefits
- Survivor's Benefits	A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from a 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

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

- Report all amounts in GROSS INCOME ONLY. Gross income is the total income received before taxes and deductions. Report all income in whole dollars. Do not include cents.
- Write a "0" in any fields where there is no income to report. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause. 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.

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

B) List Adult Household member's name. Print the names of 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 infants, children and students already listed in STEP 1 or people who live with you but are not supported by your household's income AND do not contribute income to your household.

C) Report earnings from work. 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.

D) Report income from Public Assistance/Child Support/Alimony. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from Pensions/Retirement/All other income.

F) Report total household size. Enter the 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 determines your income cutoff for free and reduced price meals.

G) Provide the last four digits of your Social Security Number (SS#). The household's primary wage earner or another adult household member must enter the last four digits of their SS# in the space provided. You are eligible to apply for benefits even if you do not have a SS#. If no adult household members have a SS#, leave the space blank and mark the box to the right.

STEP 4: CONTACT INFORMATION AND ADULT REPORT INCOME FOR ALL HOUSEHOLD MEMBERS **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 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 is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box and sign your name in the box provided.

C) Write Today's Date. In the space provided, write today's date.

OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES **This field is optional and does not affect your children's eligibility for free or reduced price school meals.**

In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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