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

To apply for free and reduced price meals for your children complete **only one** form for your household, sign your name and **return it to the address listed below**. Call the Director of Food Service at **267-1096**, if you need help. **Income or SNAP documentation required with applications**. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Pittsford Food Service Department**  
**100 Mendon Center Road**  
**Pittsford, NY 14534**

**1. List all children in your household who attend school:**

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

**2. SNAP/TANF/FDPIR Benefits:**

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, including yourself, your children and all individuals living in the household, related or not, **even if they do not receive income** (Use another piece of paper if you need more space). Write the amount of current income each household member receives BEFORE taxes or other deductions are taken out and indicate where it came from by placing it in the appropriate box. Specify how often this income is received (E.g. weekly, bi-weekly, bi-monthly). If they do not receive any income, check the box and enter '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

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 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: \_\_\_\_\_

**DO NOT 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:** \_\_\_\_\_