2025 Application for Free/Reduced-Price School Meals & Family Economic Data Survey

2025 / 2026 **Strasburg School District 31J** **www.strasburg31j.com**

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

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	**Earnings from work**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Public Assistance/ Child Support/ Alimony**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Pensions/ Retirement/All other income**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					

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

Continue to page 2

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:

☐ Advanced Placement (AP) Exam and/or AP Book Fees ☐ List Specific Program

☐ Accelerate College Opportunity Exam and/or Book Fees ☐ List Specific Program

Return completed application to: Enter school/district address

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.bvTo 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. 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.