

2025-2026 Swallow Household Application for Free & Reduced Meals Form

To determine eligibility to qualify for free or reduced meals, please complete this household application for free and reduced meals form and return to Swallow School's front desk.

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

| 1. Total No. of people in household | 2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i> | | |
|--|---|---|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> \$0 - \$20,345 | <input type="checkbox"/> \$20,346 - \$28,953 | <input type="checkbox"/> At or Above \$28,954 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> \$0 - \$27,495 | <input type="checkbox"/> \$27,496 - \$39,128 | <input type="checkbox"/> At or Above \$39,129 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> \$0 - \$34,645 | <input type="checkbox"/> \$34,646 - \$49,303 | <input type="checkbox"/> At or Above \$49,304 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> \$0 - \$41,795 | <input type="checkbox"/> \$41,796 - \$59,478 | <input type="checkbox"/> At or Above \$59,479 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> \$0 - \$48,945 | <input type="checkbox"/> \$48,946 - \$69,653 | <input type="checkbox"/> At or Above \$69,654 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> \$0 - \$56,095 | <input type="checkbox"/> \$56,096 - \$79,828 | <input type="checkbox"/> At or Above \$79,829 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> \$0 - \$63,245 | <input type="checkbox"/> \$63,246 - \$90,003 | <input type="checkbox"/> At or Above \$90,004 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> \$0 - \$70,395 | <input type="checkbox"/> \$70,396 - \$100,178 | <input type="checkbox"/> At or Above \$100,179 |
| If household size is more than 8, list the household size and total annual income below. | | | |
| <input type="checkbox"/> Size: _____ | | | <input type="checkbox"/> Income: _____ |

Do any household members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits or FDPIR? Yes/ No

Case # _____ Program Name _____

(Over →)

