When you're filling out the CNEEB, make sure you fill out these sections.

2025–26 Child Nutrition Eligibility & Education Benefit Application –

Apply online: _____

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: _____

Check here if you received meal benefits last year: ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. ☐ **Homeless** ☐ **Migrant**

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

Add Student income if there's any

The names of all household members, identifying if any of them are currently in foster care.

2. **If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

Add the case number if you receive benefits from SNAP, TANF, or FDPIR.

3. **List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.**

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Add household income

4. **Total Household Members (include all people living in your household):** ☐

(total listed must equal number of household members listed above)

Last Four Digits of Social Security Number (SSN) of ☐ Check if no SSN: ☐

Primary Wage Earner or Other Household Member *(Optional if only applying for Summer EBT)*

Include the last four digits of your Social Security number, or indicate that you don't have one.

5. **Contact Information & Signature – Complete, sign, and return this application to:**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal [illegible] that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

An adult household member must sign the application.

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State & Zip Code _____

Daytime Phone _____

Date _____