DeKalb County School District
2025 - 2026 Family Application for Meal Benefits
Complete one application per household. **Please use a black pen (not a pencil).**

For faster approval, apply online at
https://schoolcafe.com

STEP 1 — Student's Information — List all DeKalb County Schools students living with you

Student ID (optional)	Last Name	First Name	MI	Date of Birth	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Medicaid
				M M D D Y Y						
				M M D D Y Y						
				M M D D Y Y						
				M M D D Y Y						
				M M D D Y Y						

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR, or Medicaid? **Circle one**: Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Provide your case number or Member ID Number, then skip to STEP 4.

Case Number or Member ID Number

No EBT Card Numbers

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all students listed in Step 1 here.

Child Income — How Often? W E T M

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

B. **List all household members not listed in Step 1 (including yourself) even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Members Name (First and Last)	Earnings from Work	How Often? W E T M	Public Assistance / Child Support / Alimony	How Often? W E T M	Pensions / Retirement / All Other Income	How Often? W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** -

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."

Printed name of adult completing the form

Signature of adult completing the form — X

Today's Date — M M D D Y Y

Street Address (if available)

City

State — G A

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

4562

This institution is an equal opportunity provider.

DeKalb County School District

1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083-1027
678-676-1200

Attention:
Parents/Guardians

Completing an application for the first time:

Thank you for submitting a meal application. **Students will be required to pay for his/her meals (breakfast/lunch) until the application is approved.** School Nutrition Services will expedite the process which should take up to ten (10) working days. **Payment for meals during this period will be your responsibility,** (Note: Meal prices for **Breakfast -** Elementary $1.80, Middle and High $1.90 **Lunch** – Elementary $2.95, Middle, and High $3.10).

Charge Policy of DeKalb County School District: Students in elementary schools will be allowed to charge 3 breakfasts and 3 lunches. Middle and high school students will not be allowed to charge meals and/or a la carte items.

If you completed an application last year (SY2024-2025):
Your SY 2024-2025 meal application will expire on September 15, 2025. It is important that you submit a current school year meal application before the expiration date to avoid payment for meals. Please allow ample time (10 working days) for processing.

Free and Reduced Web-based Meal Applications for SY 2025-2026 will be available, After July 1, 2025. Please visit the website at http://schoolcafe.com to complete an application. A manual meal application can be obtained at each school.

Meal Application Notification of Eligibility letters will be emailed to the current email address on your student(s) permanent record at the school level or sent to the school for distribution. Students will take home the letter of notification to the parent(s) as received.

Thank you for your cooperation.

Privacy Act Statement: This explains how we will use the information you give us.
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.

Non-Discrimination Statement: 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.

To 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: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov.

Dear Parent/Guardian:

Children need nutritious meals to learn. **DeKalb County School District** offers nutritious meals every school day. Students may buy breakfast $1.80 elementary and $1.90 middle/high lunch for $2.95 elementary, $3.10 middle/high and. Your children may qualify for free meals or for reduced price meals. Reduced price is $.30 for breakfast and $.40 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can get free or reduced-price meals?**
   - All children in households receiving benefits from SNAP, FDPIR, Medicaid, or TANF, are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member add:	+10,175	+848	+424	+392	+196

2. **How do I know if my children qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or email DeKalb County Schools social work department at 678-676-1804.
3. **Do I need to fill out an application for each child? No**. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to **the School Nutrition Manager at your youngest child(ren) school.**
4. **Should I fill out an application if I received a letter this school year stating my child(ren) are already approved for free meals? No**, this indicates you are State Certified for the New School Year. Please read the letter you **receive** carefully and follow the instructions. If any children in your household were missing from your eligibility notification, please add their names and return the letter to the youngest child school. Contact the School Nutrition Manager at your child's school if you have questions.
5. **Can I apply online? Yes**. You are encouraged to complete an online application instead of a paper application. You can obtain a paper application from the **School Nutrition Manager at your Child(ren) Schoo**l. The online application has the same requirements and will ask you for the same information as the paper application. Visit **https://schoolcafe.com** to begin or to learn more about the online application process. If you have any questions about the online application or paper application, contact The **Free and Reduced Office at 678-676-1777 or 678-676-1794 or email: snsfreeandreduce@dekalbschoolsga.org**
6. **My child's application was approved last year. Do I need to fill out a new one? Yes**. A new application must be submitted each year. Last year's application has a grace period of 30 days. The deadline submission of a new application is September 15, 2025. If you do not send in a new application that is approved by the school official or you have not been notified that your child is eligible for free meals, your child will be charged the full meal price.
7. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed application.
8. **Will the information I provide be checked? Yes**. We may also ask you to send written proof of the household income you report.
9. **If I don't qualify now, may I apply later? Yes**, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **What if I disagree with the school's decision about my application?** You also may ask for a hearing by calling **(678-676-1786)** or writing to: **Dr. Connie R. Walker, Executive Director, DeKalb School Nutrition Services, 1780 Montreal Road, Tucker, Ga. 30084.**
11. **May I apply if someone in my household is not a U.S. citizen? Yes**. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometime. If you have lost a job or had your hours or wages reduced, use your current income.
13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank as we will assume you meant to do so.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you receive any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **What if there isn't enough space on the application for my family?** Complete Step 3 (ONLY) and attach it to your completed application. Contact your child School Nutrition Manager to receive a second application.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Georgia SNAP or other assistance benefits, contact your local assistance office or call **1-877-423-4746**.
17. **What if my child attends a CEP School then transfers to a Non-CEP School? If the student transfers to a non-CEP school, the parent must submit a meal application. It may take up to 10 days for the applications to be approved. Students transferring from a CEP school to a non-CEP school will be given a 10-day grace period to eat meals at no cost. After the 10-day grace period, the student will change to Paid status. The parent is responsible for all meal charges that may accumulate after the grace period and before the application is processed.**

If you have other questions or need assistance, contact The **Free and Reduced Office at 678-676-1777 or 678-676-1794**

Sincerely,

Dr. Connie R. Walker

Dr. Connie R. Walker, Executive Director, DeKalb School Nutrition Services

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

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 **DeKalb County School District**. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If assistance is needed, contact **The Free and Reduced Office at 678-676-1794 or 678-676-1777.**

PLEASE USE A BLACK/BLUE PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN ENROLLED IN DEKALB COUNTY SCHOOL DISTRICT IN THE HOUSEHOLD.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. 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.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children aged 18 or under AND are supported with the household's income.
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.

A) **List each student's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

C) **Are any children homeless, migrant, runaway, Medicaid, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding 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: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?

A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.**

B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the case number.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **DFAC or your local Case Manager**. 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.

A) **LIST TOTAL STUDENT INCOME** received by all students listed in STEP 1.

B) **LIST ALL HOUSEHOLD MEMBERS (including yourself and students listed in Part 1)** 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** individuals who live with you but are not supported by your household's income AND do not contribute income to your household.

C) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.

- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in 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 affects your eligibility for free and reduced-price meals.

E) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. Your signature certifies 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 at the bottom of these instructions.**

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, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) **PRINT AND SIGN YOUR NAME.** Print the name of the adult completing the application. Sign your name in the Signature Box.

C) **WRITE TODAY'S DATE.** In the space provided. Write today's date in the box.

D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

Privacy Act Statement: This explains how we will use the information you give us.
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.

Non-Discrimination Statement: 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.

To 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: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov

Community Eligibility Provision
DeKalb County School District

Dear Parent or Guardian:

We are pleased to inform you that ***DeKalb County School District*** will be participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2025-2026.

What does this mean for you and your children attending a CEP School?

Great news! All enrolled students at ***DeKalb County School District implementing CEP*** are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2025-2026 school year. Your child (ren) will be able to participate in these meal programs without having to pay a fee.

****The district will still request meal applications from all households including those attending a CEP School.*** *Completing a meal application is still necessary for other programs like title one funding for your child's school and may be used to determine if your household is eligible for additional benefits.*

Complete your meal application today at Schoolcafe.com. If we can be of any further assistance, please contact us directly at 678-676-1778.

Sincerely,

School Nutrition Services Free and Reduced

In accordance with Federal civil rights law and U.S. Department of Agriculture (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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
   Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

Dr. Connie R. Walker
Executive Director, SNS

Dr. Devon Horton
Superintendent

Operations Division - School Nutrition Services

1780 Montreal Road
Tucker, GA 30084
678-676-1786

Community Eligibility Provision (CEP) Press Release

DeKalb County, Georgia – DeKalb County School District is participating in a Free Breakfast and Lunch program for the current school year (2025-2026). This program is referred to as the Community Eligibility Provision. All students enrolled at the following school(s) may participate in the national breakfast, lunch, and afterschool snack programs at no cost.

Meal applications are required from all households including students attending CEP schools.

All students will be served breakfast and lunch at no cost at the following sites:

ALLGOOD ES	CORALWOOD CENTER	HIGHTOWER ES	NARVIE J. HARRIS ES	SHADOW ROCK ES
ARABIA MOUNTAIN HS	CROSS KEYS HS	HUNTLEY HILLS ES	OAK VIEW ES	SMOKE RISE ES
AVONDALE ES	DEKALB ALTERNATIVE	IDLEWOOD ES	OAKCLIFF ES	SNAPFINGER ES
BARACK H. OBAMA ES	DEKLAB ES OF ARTS	INDIAN CREEK ES	PANOLA WAY ES	SOUTHWEST DEKALB HS
BETHUNE MS	DORAVILLE UNITED ES	INTERNATIONAL CENTER	PEACHCREST ES	STEPHENSON MS/EAGLEWOOD
BOB MATHIS ES	DRESDEN ES	JOHN ROBERT LEWIS ES	PINE RIDGE ES	STEPHENSON HS
BRIAR VISTA ES	DRUID HILLS MS	JOLLY ES	PLEASANTDALE ES	STONE MILL ES
BROCKETT ES	DUNAIRE ES	KELLY LAKE ES	PRINCETON ES	STONE MOUNTAIN ES
BROWNS MILL ES	E.L. BOUIE ES	KINGSLEY ES	R.E. MCNAIR ES	STONE MOUNTAIN HS
CANBY LANE ES	E.L. MILLER ES	LITHONIA MS	R.E. MCNAIR MS	STONE MOUNTAIN MS
CARY REYNOLDS ES	EARLY LEARNING CENTER	LITHONIA HS	R.E. MCNAIR HS	STONEVIEW ES
CEDAR GROVE ES	ELIZABETH ANDREWS/DECALI	VSEY ES	RAINBOW ES	TONEY ES
CEDAR GROVE HS	EVANSDALE ES	MARBUT ES	REDAN ES	TOWERS HS
CEDAR GROVE MS	FAIRINGTON ES	MARGARET HARRIS	REDAN HS	TUCKER HS
CHAMPION THEME MS	FLAT ROCK ES	MARTIN LUTHER KING HS	REDAN MS	TUCKER MS
CHAPEL HILL ES	FLAT SHOALS ES	MCLENDON ES	ROBERT SHAW THEME	WADSWORTH ES
CHAPEL HILL MS	FREEDOM MS	MIDVALE ES	ROCK CHAPEL ES	WOODRIDGE ES
CLARKSTON HS	HAMBRICK ES	MILLER GROVE HS	ROCKBRIDGE ES	WOODWARD ES
COLUMBIA ES	HAWTHORNE ES	MILLER GROVE MS	ROWLAND ES	WYNBROOKE ES
COLUMBIA MS	HENDERSON MS	MONTCLAIR ES	SALEM MS	
COLUMBIA HS	HENDERSON MILL ES	MURPHEY CANDLER ES	SEQUOYAH MS	

"We welcome the opportunity to provide healthy meals at no cost to the students at DeKalb County School District. Meals support teaching and learning. Dr. Connie R. Walker, Executive Director School Nutrition Services for DeKalb County School District.

For additional information please contact: Dr. Connie R. Walker, School Nutrition Executive Director at DeKalb County School Nutrition Office, (678) 676-1786 or visit our website at www.dekalbschoolsga.org.

Non-Discrimination Statement: 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.

To 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: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov.

DeKalb County

schoolcafé

QUICK & EASY ONLINE MEAL APPLICATION INSTRUCTIONS

Go to - www.schoolcafe.com

Already have a Username & Password? Sign In and Proceed to Step 3 - Apply for Benefits

1) Enter Website

- Go to section in blue for first time Users (Need to create an account)
- Select State: GA-Georgia
- Enter name of School District: DEKALB COUNTY SCHOOL DISTRICT
- Click Go to my District
- Select: **Create a new account**

2) Register

- Click "I'm a Parent" Next
- Confirm your school district: Click Next
- Complete Basic Information (Name, Email, Phone #): Click Next
- Set Up User Account Information (Username/Password): Click Next
- Accept the Terms & Conditions by checking box
- Click Create My Account

3) Apply for Benefits

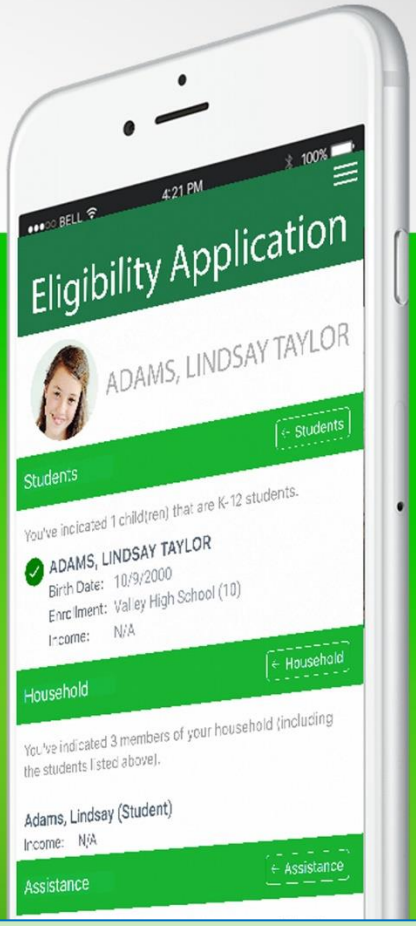
- Select Language
- You will see Household Letter
- Click Next
- Review Applicant Information & Save
- Certify by clicking on Box & Click NEXT
- Save Applicant Information
- Click on Add a student
- Add Student(s) information
- Answer following questions and click NEXT
- Review Application
- Enter Last 4 digits of Social Security Number
- Sign & Submit

Quick & Easy

To receive assistance, you may contact: Free and Reduced at 678-676-1778

schoolcafé

SY2025-2026
Free and Reduced
Meal Application
Expires on
September 15, 2025



- Apply For SY2025-2026 Free & Reduced Meals right from your desktop or phone
- Immediately see the results of your Meal Application
- Access your application and eligibility notification letter

DeKalb County School District

Online Free and Reduced Meal Applications

- It's easy and takes less time than paper
- Built-in instructions and help with the online application
- Automated income calculation
- Digital Signatures
- Confirm current email address in student's permanent record at school level to receive Free and Reduced notifications
- To retrieve username and/or password contact 1-855-729-2328
- For application assistance contact 678-676-1778 at no charge
- Paper Applications are available at each school
- Try it today…. schoolcafe.com

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