Cincinnati Public Schools
2026 - 2027 Application for Free and Reduced Price Meals
Complete one application per household. Please use a pen (not a pencil).

Apply online at
https://schoolcafe.com

STEP 1 — All Children in the Household

Check if a foster child (legal responsibility of welfare agency or court).
*If all children listed below are foster children, skip to Part 5 to sign this form.

Student ID (optional)	School	Last Name	First Name MI	Grade (Optional)	Date of Birth	Foster	No Income
					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 — Benefits Programs

If any member of your household receives SNAP or OWF benefits, **provide the name and 7-digit case number for the person who receives benefits and skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

Name: _____

Case Number:

STEP 3 — Homeless, Migrant, Runaway

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Project Connect at PC@cpsboe.k12.oh.us or (513)363-3200 .

☐ Homeless ☐ Migrant ☐ Runaway

STEP 4 — Total Household Gross Income (before deductions)

List all income on the same line as the person who receives it.
Check the box for how often it is received. Record each income only once.

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

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

Child Income	How Often? W E T M
	W E T M

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.

Household Member Name (First and Last)	Earnings from Work Before Deductions	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 5 — Contact Information and Adult Signature

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

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 O H

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section 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 ☐ Black or African American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

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