

2026-2027 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>		
☐ 1	☐ \$0 - \$20,748	☐ \$20,749 - \$29,526	☐ At or Above \$29,527
☐ 2	☐ \$0 - \$28,132	☐ \$28,133 - \$40,034	☐ At or Above \$40,035
☐ 3	☐ \$0 - \$35,516	☐ \$35,517 - \$50,542	☐ At or Above \$50,543
☐ 4	☐ \$0 - \$42,900	☐ \$42,901 - \$61,050	☐ At or Above \$61,051
☐ 5	☐ \$0 - \$50,284	☐ \$50,285 - \$71,558	☐ At or Above \$71,559
☐ 6	☐ \$0 - \$57,668	☐ \$57,669 - \$82,066	☐ At or Above \$82,067
☐ 7	☐ \$0 - \$65,052	☐ \$65,053 - \$92,574	☐ At or Above \$92,575
☐ 8	☐ \$0 - \$72,436	☐ \$72,437 - \$103,082	☐ At or Above \$103,083
If household size is more than 8, list the household size and total annual income below.			
☐ Size: _____	☐ 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 →)

List all members of the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

First Name	Last Name	Grade Level	School Child Attends (if applicable)	Foster	Homeless, Migrant, Runaway	Head Start

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

(_____) _____
Daytime Phone

Email
(optional)

CHECKLIST

- ☐ Have you included all of your children as household members?
- ☐ Are both the household size and total household income range boxes checked?
- ☐ Have you signed the form?